Landscape Assessment Information Uses

- The information your team collects will help inform local and State recovery priorities, while also identifying the unmet needs in order to recover.
- Understanding what the issues are will help local, state, federal, and non-profit organizations better align resources to meet the needs, fix information breaks/gaps, and better support survivors (where possible).

Landscape Assessments







Windshield assessment + informal discussions

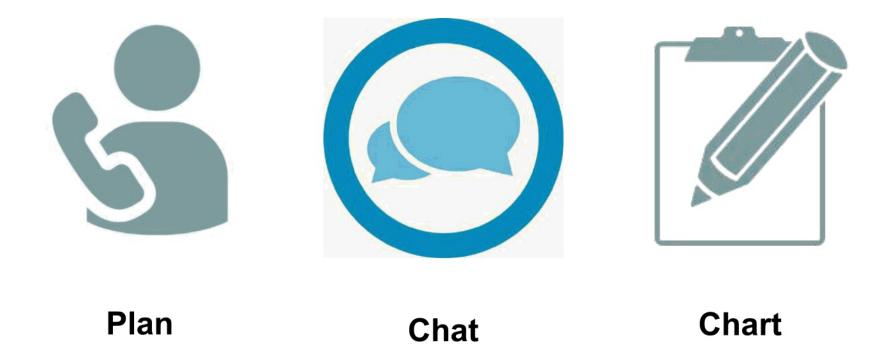
Pilot Landscape Assessments



Pilot Overview

- Locations prioritized by risk factors
- Two Pilot Teams
 - Team #1: 4-person team, 3 counties visited
 - Facilities: DRC, hospital, community health center, mobile unit
 - Team #2: 6-person team, 2 counties visited
 - Facilities: DRC, shelter, hospitals, community health centers, nursing home, long-term care facility, skilled nursing facility, early education/head start, faith-based organization

Assessment Process



Health Care Systems: Hospital Findings



Public/Environmental Health: Findings



Social Services: Findings



Education: Findings





Methods for the Landscape Assessments This Week







Assessment Team Composition

- Health & Social Services (HSS) Team composition
 - 2-3 Federal Employees (1 federal drivers)
 - 2-3 State/County/City Employee
 - Total 4-5 person teams 2 cars per team



Locations being Assessed

- Federally Funded Sites
 - Hospitals (including VA facilities)
 - Nursing Homes/Long-term Care Facilities
 - Triple AAAs
 - Community Health Centers and Clinics
 - Schools
 - Head Start Programs
 - Disaster Recovery Centers (DRC)
- Additional locations
 - Local Mental Health Authorities
 - Pre approved Health Departments hospitals



Landscape Assessment Basics

- Contact facilities/organizations to schedule visits
- Visit designated facilities/organizations (the sample)
- Windshield assessments around facilities
- Summarize observations and findings
 - Remember the primary objectives recovery issues, recovery needs
 - What's working, what's not...

Discussion Guide

	Hurricase Hamey IV	Indshield Assessment	
	1-1-10-10-10-1	eut dake	
lopic	Questions	Field Guide	
1. 3. 4. D. G	b charathous x non aldunge)	New ordinary of received the costs are and the foreign days are the foreign days and the costs of the foreign days and the costs of the foreign days are the foreign days	
II. however and	Actice styre we werel toads?	have a more all have do of increase, related non-most bion - admouse weet out a k, bet of tanking sowage do small - admouse to lid was of diesal, between all mold grows, a - admouse to sake.	
Ш. 2.≢'оγ	Actice styssfey has ds?	May hands of vices white elected hands, lie afe delected, was glands,	
	denty, ca	e glarena	
lopic	Questions	Field Guide	
1. 2 00 m	riow have served obarged size (Ac security)	Changes to sense of severes or easilory to sever savering savering the series of severing the series of severing the series are series or series o	
II. Sulfi. eg	b (see almose suff. •g)	Suff at re-turners both, gastersoffing challege working in model with allowing workers to account own to re-tacking	
II. Waa ka	Academose so sales sou list?	Processors or Oblay is economic windless of a basic state	
	4 3.	kwas	
lopic	Questions	Field Guide	
, POMO? Childen's Issues Sendo / Hon- Inglish /BE Outer	Any finals were sourcely - massed than others?	PDAD = Populations Disproportionally Affected by Dispose C+- iblies = 3c+ a a = 7 registered Postasis in Market = 14 with Access & to receival feeds = 164-odusts' ac+ star (6/4* Access to Describer = 14 moneys 364 (Sevice Mental Henry Heads at 100%/30% (7 c) feed out Postasy access) = 164-odusts/ (an ibn postasono principals access Podusto vice C+ a + c (14c) s = C+ a + c (14c) s =	
II. Behavioral Heal & ?	riow's iveryhody (iggs) riane yy chought about this.)		
II. Whole Community Recovery?	Schools Commodesc haseny/Work changing (un)	ACI Paguns (ríomavor)	

Sample Question:

How have services changed since the storm?

Listen for:

- Scope of services
- Capacity to serve patients
- Patient access to services
- Patient utilization of services
- Financial/economic issues
- Anticipated changes in needs in the long-term

Observation Tools

- A place to chart your observations
- Record observations immediately after the visit, if possible
- Turn in with final report

Facility/Organization Name:			Point of Contact:	Phone:
acility/Organization Address:			Point of Contact email:	
andsc	ape Discussion Team Members:			
re-dis	saster needs:			
	A.A. 190 (A.A. 190 (A.A. 190)	0.854		
rimar	y community concerns identified (per site	visit):		
Ta	T	Comments/Explain		
	Topic Care Systems – Impact and Long-Term Rei			
T	Health care services impacted			
	Health care workforce impacted			
	Finance/ Economic/Insurance			
	Access to Care			
+	Utilization of Care			
	Supply and supply chains	1		
	Overarching systems issues			
\vdash	Other			
	Other			

Reporting

- Facilities visited, POC, City/County
- Primary issues facing community
- Status (e.g. open/closed, fully or partially operational)
- Anecdotal or Data/Observations
- General impressions
- Barriers/Challenges
- Other feedback
- Recovery needs according to 9 core mission areas
 - Be sure to note any <u>urgent needs</u>



Timeline

- Monday Training & Planning (travel for some)
- Tuesday-Thursday Landscape Assessments
- Friday Debrief & Reporting
- Saturday Travel home

Debrief and Report Out

Friday in Houston

1:00 – 1:30 Teams prepare verbal report

1:30 – 3:30 Report out with discussion

3:30 – 4:00 After action / lessons learned feedback

Often forgotten populations

- Individuals with Access and Functional Needs: a Whole Community Perspective
- Includes:
 - People with disabilities
 - Older adults
 - Populations having limited English proficiency, limited access to transportation, pregnant and nursing women and/or limited access to financial resources to prepare for, respond to, and recover from the emergency.
- Focus on the Access and Functional Needs Accommodation:
 - Physical, programmatic, and effective communication access to the whole community by accommodating individual requirements through universal accessibility and/or specific actions or modifications









Subtleties of Community Engagement



Call Ahead & Schedule



"Good morning, my name is I'm with the Health and Social Services Federal/State Recovery Team, supporting the State of Texas. A couple of colleagues and I will be in the area tomorrow. Would it be okay if we stopped by to pay a visit and discuss the recovery process?"

Framing Your Visit

- Representing Health & Social Services (HSS) Recovery
 - OUR NEW POSITIONS: Supporting HSS Recovery
 - We're not wearing our agency or program's hat this week
- Remember the people you are talking with <u>have been</u> <u>impacted</u> themselves
- Practice active listening
- Be patient, polite, and respectful



Framing Your Visit

- You can learn a great deal from someone's story, be patient.
- Systems thinkers think across sectors. Impacts have cross-cutting issues.
- Leave your assumptions at the door don't make statements like "you should apply to SBA for assistance" ask questions, "Have you applied to SBA for assistance?"
- Be patient, polite, and respectful

thinking

Rules of Engagement

- Make no promises (other than, "I've taken note of it, I'll be sure to pass it along to the State.")
- Ask permission to take notes before doing so
- No photographs inside facilities without permission
- Absolutely <u>no</u> photographs of patients/clients/residents
- Do not actively engage with residents during windshield assessments
- Leave your business card with the email address <u>Disaster.Recovery@hhs.gov</u> for follow up

Don't Come Empty Handed

- The most precious commodity they have is their time
- Come prepared to highlight the available resources for facilities and individuals (e.g. FEMA Public Assistance, Individual Assistance, Red Cross, others).
- If you don't know that's ok take note and say that you'll follow up if they'd like (take a note and ask for their contact info) --- flag this in your notes as something that needs follow-up action.
- If you have a suggestion based on your expertise, share it Jeopardy style (in the form of a question).



Logistics



Safety

- Lead Safety Officer
 - CAPT Patrick Young- 214-577-3506
 - Report any and all safety concerns
- Each Team will self assign a Team Safety Officer
- Nightly accountability reporting:
- Team Lead will report team status each night to hhsrecovery1.plans@hhs.gov
- Use the "buddy system." Nobody goes alone.
- Primary safety concern: Automobile Driving
 - Avoid driving before/after dark
- Check tires often for nails and low air; especially in the morning
- Do not allow fuel to go below ¼ tank
- Stay hydrated



Your Personal Health and Well Being

Look for Signs of Stress

- Eating or sleeping too much or too little
- Pulling away from people and things
- Having low or no energy
- Having unexplained aches and pains, such as constant stomach aches or headaches
- Feeling helpless or hopeless
- Excessive smoking, drinking, or using drugs, including prescription medications
- Worrying a lot of the time; feeling guilty but not sure why
- Thinking of hurting or killing yourself or someone else
- Having difficulty readjusting to home or work life

Call **1-800-985-5990** or text **TalkWithUs to 66746** to connect with a trained crisis counselor. Call 1-800-985-5990.

Health and Social Services-Recovery Support Function (RSF) Partners

Your Personal Health and Well Being

Managing Stress

- Drink plenty of water and eat healthy snacks like fresh fruit and energy foods
- Talk about your experience to process what you have seen and done
- Stay in touch with family and friends
- Pair up with another staffer so that you may monitor one another's stress

Call **1-800-985-5990** or text **TalkWithUs to 66746** to connect with a trained crisis counselor. Call 1-800-985-5990.

Guidance for Media Queries in the Field



Refer all media questions to –

Mary Curry Ledbetter for routing

*This information will be in packets distributed to each team.



Equipment and Roles

- Packet of important information distributed to each team
- Team communication:
 - HHS iPhones & Agency Phones
- Each team identifies:
 - Team lead
 - Team safety officer
 - Team spokesperson
 - Primary recorder/record keeper

Daily Requirements

- Report accountability in the morning indicating which counties you are visiting:
 - Plans hhsrecovery1.plans@hhs.gov
 - CDR McLanahan <u>yjp8@cdc.gov</u>
- Report names of facilities visited by 1600 (4:00pm):
 - Plans hhsrecovery1.plans@hhs.gov
 - CDR McLanahan <u>yip8@cdc.gov</u>
- Report accountability once back at hotel
 - Plans hhsrecovery1.plans@hhs.gov

Contact Information

CDR Betty Hastings

HSS RSF Federal Field Coordinator – Texas

<u>Elizabeth.Hastings@hhs.gov</u>

202-713-0412

CAPT Patrick Young

Safety and Logistics
Young.Patrick@epa.gov
214-577-3506

Michael Wilkerson

Admin/Finance Section Chief- Texas
Federal local travel logistics help
hhsrecovery1.anf@hhs.gov
202-341-9925

CDR Eva McLanahan

EH/PH Branch Director – HSS RSF Landscape Assessment Coordinator <u>yjp8@cdc.gov</u> 404-735-7899

Laura Whitlock

Health Communicator wmg5@cdc.gov 404-304-4943

Susan Simmons

Planning Section Chief – Texas
Report accountability / Daily SitRep
hhsrecovery1.plans@hhs.gov
936-445-8395



Questions?





Now it's Your Turn!



Next Steps

- Meet your team members
- Identify roles:
 - Team lead
 - Team safety officer
 - Team spokesperson
 - Primary recorder/record keeper
- Notify CAPT Young and CDR McLanahan of roles
- Start planning visits





Health and Social Services Recovery Support Function Regional Coordination Group

Harvey Coordination Call

Meeting Summary

October 17, 2017

Purpose

This document summarizes the discussion, decisions, and action items from the October 17, 2017 coordination call of the Health and Social Services (HSS) Recovery Support Function (RSF) Regional Partners. This summary will not be a verbatim record of the meeting proceedings.

Welcome and Introductions

CDR Betty Hastings (ASPR/OEM), the HSS RSF Regional Coordinator, opened the call with a roll call and welcomed participants. Mr. Joshua Barnes (ASPR/OEM), the HSS RSF National Coordinator, thanked call participants for joining and thanked CDR Hastings for her continued leadership of the HSS RSF in Texas.

Purpose:

CDR Hastings noted that this call is intended to take the place of the HSS RSF National Coordination Call, which enabled headquarters representatives from all Health and Human Services (HHS) operating divisions and the HSS RSF primary and supporting federal partners to remain informed and engaged with HSS RSF efforts on the ground in Texas. Like the National Call, the Regional Coordination Call will ensure that our HSS RSF partner equivalents remain aware of and engaged in recovery efforts.

Briefing

Health and Social Services Recovery and Storm Impact Overview: CDR Hastings provided an overview of HSS RSF operations in Texas as well as initial and current storm impacts. The HSS Recovery Operations Overview and Mission Scoping Assessment (MSA) Briefing are attached for reference.

Overview of Landscape Discussions: CDR Hastings outlined the goals and strategy for the county landscape discussions that HSS RSF team members will conduct from October 23 to October 27. Using available impact data, the HSS RSF identified the 13 most impacted counties, with the least capacity for recovery. Six landscape discussion teams, to include state/local representatives, will travel to these counties to identify local health and social services impacts and unmet recovery needs. This information will be shared with local, State and Federal recovery partners to identify recovery priorities and available resources. This information will also inform future Federal and State recovery support strategies. CDR Hastings thanked the Region VI Medical Reserve Corps (MRC) Liaison, Sandra Wiggins, for identifying volunteers to participate on the landscape discussion teams as well as a facility in Houston for initial team



training. The Landscape Discussion Workplan Proposal and Team Orientation are attached for reference.

Discussion Summary

Ms. Emily Meyer, Community and Capacity Building (CPCB) RSF Coordinator, reported that data collection has been difficult for FEMA and welcomed any additional thoughts or information from partners on next steps for assessing impacts and/or providing needed services. She also stated that the counseling needs of children are a concern and inquired about whether training is being provided to guidance counselors in schools receiving displaced, Harvey impacted children. CDR Hastings stated that Internal Disaster Case Management (IDCM) has been sharing its comprehensive data collection tool and that they will working closely with FEMA's Crisis Counseling Program (CCP).

CDR Hastings reported that CDC has been partnering with Houston groups and working closely with state partners to train workers and surveil injuries and health impacts. Mr. Chip Hughes, National Institute for Environmental Health Sciences, reported that NIEHS is working with Harris county to distribute educational materials on health and safety during health recovery fairs. NIEHS is also conducting mold trainings with home owners.

Action Items

CDR Hastings asked that call participants identify any additional personnel that should be included in future coordination calls and send their contact information to Elizabeth.hastings@hhs.gov (cc' mary.curry-ledbetter@j-mglobal.com).

Attachments:

- Health and Social Services (HSS) Recovery Support Function (RSF) Overview
- Mission Scope Assessment (MSA) Briefing
- Landscape Discussions Workplan Proposal/Team Orientation

Next meeting

The date of the next meeting will be October 26,2017, 3:30-4:30PM.

Call-in Information: 866-818-1764 (b)(6)



HSS RSF Regional Partners

Agency	Present
Administration for Children and Families	X
Administration for Community Living	
American Red Cross	
Assistant Secretary for Administration	
Assistant Secretary for Preparedness and Response	
Centers for Disease Control and Prevention	
Centers for Medicare and Medicaid Services	X
Corporation for National and Community Service	
Departmental of Agriculture	X
Department of Education	
Department of Homeland Security – FEMA	
Department of Homeland Security - NPPD	
Department of Homeland Security - CRCL	X
Department of Housing and Urban Development	X
Department of the Interior	
Department of Justice	
Department of Labor	
Department of Transportation	
Department of the Treasury	
Environmental Protection Agency	
Food and Drug Administration	X
Health Resources and Services Administration	X
Indian Health Service	
National Institutes of Health	X
National Voluntary Organizations Active in Disaster	
Office of the Assistant Secretary for Health	
Small Business Administration	
Substance Abuse and Mental Health Services Administration	X
Veterans Affairs	X



Landscape Discussions: Workplan Proposal

Health and Social Services (HSS) Recovery Support Function (RSF)





Landscape Discussions: Workplan Proposal

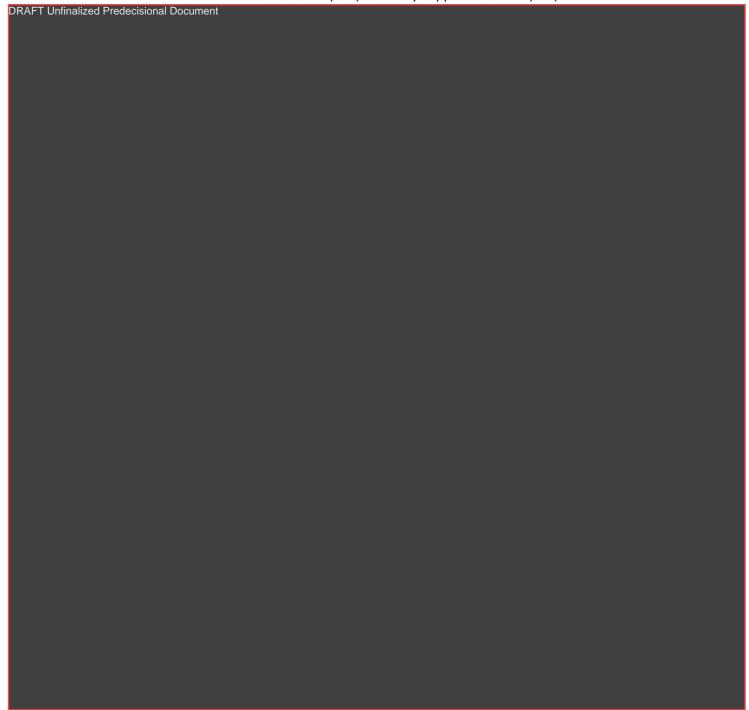
Health and Social Services (HSS) Recovery Support Function (RSF)





Landscape Discussions: Workplan Proposal

Health and Social Services (HSS) Recovery Support Function (RSF)





From: Lothrop, Julia (HHS/IEA)
Sent: 1 Sep 2017 20:37:37 +0000

To: Acker, Alisha R. (OS/OASH); Anderson, Kelly (HHS/IEA); Belcher, DebbieAnne (HHS/OGC); Brice-Smith, Angela M. (CMS/CQISCO); Bryant, Jamie (PSC/FOH/EHSS); Cato, Todd W (FDA/ORA); Cisneros, Oscar (OS/ASA/OCIO); Cote, Mick (OS/ASPR/OEM); Devine, Percy (ACL); Dito, Matt (PSC/FMP/CAS); Dorrill, Ruth A (OIG/OEI); Hargrave, Scotty L (FDA/ORA); Hearod, Karen (SAMHSA); Jackson, Princess (HRSA); Karim, Arif (PSC/FMP/CAS); Lee, Derek B. (ACL); Lothrop, Julia (HHS/IEA); Massoudi, Mehran (HHS/OASH); McAdams, Lisa M. (CMS/CQISCO); Nwigwe, Vaniecy (OS/OCR); Parnell, June (PSC/RLO/BOS) (CTR); Pettigrew, George (ATSDR/DCHI/CB); Pope Jackson, LaKesha (ACF); Porter, CJ (OIG/OI); Reyes, Hernan (HRSA); Samuels, Peggy (OS/IEA); Smith, Marisa (HHS/OCR); Teuscher, David (HHS/IEA); Turner, Mervin D. (HHS/OGC); Weaver, Michael R. (IHS/DES); Wellspring, Howard W. (IHS/HQ); Wheeler, Trish M (OIG/OAS); Young, Patrick (ATSDR/DCHI/CB); Alanis, Maribel (OS/ASA/OCIO/ITIO) (CTR); Bird, William (PSC/FOH/EHSS); Brookins, Diane (ACF); Crabtree, Melissa J (FDA/ORA); Creswell, Patricia (PSC/RLO/BOS) (CTR); Culver, Martha (HRSA); Gooden, Shelby (HHS/IEA); Grooms, Kiran (HHS/OCR); Harper, Scott S. (CMS/CQISCO); Harris, Daryle (FDA/ORA); Harris, Keith D (OIG/OAS); Hayes-Mohl, Janice (PSC/FMP/CAS); Jeffery, Shandrea M (HHS/OASH); Jordan, Tara (HHS/OGC); Lightner, Louis (OS/ASPR/OEM); McClendon, Larry (ACL); Rambo, Carolyn A. (CMS/CQISCO); Raphiel, Nicole (SAMHSA/OPPI) (CTR); Ross, Brenda (PSC/FOH/CHS); Russell, Wendy (ACF); Tulloch, Barbara G. (IHS/HQ); Williams, Ernesta B. (CMS/CQISCO); Ericka Murray (ericka.murray@hq.dhs.gov);Gagliano, Paul (IHS/DES);Grissom, Amy (ACF);Michalka, Shara (HHS/OGC);Singleton, Ladonna (HHS/IEA);Walker, Joseph (HRSA)

Cc: Gooden, Shelby (HHS/IEA);Singleton, Ladonna (HHS/IEA);Moore, Veronica (HHS/IEA);Anderson, Amber - RD, Atoka, OK (Amber.Anderson@ok.usda.gov);Peggy Samuels - 7A-FEB

Subject: Hurricane Harvey News for Sept. 1 - Afternoon **Attachments:** 9-1-17 PM - Hurricane Harvey Reports Digest.docx

Dear Senior Staff,

Attached are the reports that I have received this afternoon pertaining to Hurricane Harvey.

Please let me know if you have any questions.

Sincerely,

Julia Lothrop

Julia Lothrop
Executive Officer
Office of the Regional Director
U.S. Department of Health and Human Services
1301 Young Street, Suite 1124
Dallas, Texas 75202
Phone: (214) 767-3190

Phone: (214) 767-3190 Fax: (214) 767-3617



Hurricane Harvey Reports Digest - Sept. 1, 2017 Afternoon Edition

Contents:

- 1. CMS Health Plan Operations Update
- 2. EPA National Response Center Report Managed by Coast Guard
- 3. HHS Resources for Hurricane Harvey
- 4. Small Business Administration Information
- 5. FEMA Recovery Coordinator Named for Hurricane Harvey
- 6. HHS Medical Reserve Corps News Release
- 7. CMS Claims Information for Hurricane Harvey
- 8. Secretary Price Interview with FOX News
- 9. News
- 10. DFW FEB Social Security and Retirement Checks Information
- 11. Hurricane Harvey FAQs Hurricane+Harvey+Frequently+Asked+Questions REVISED 20170831 v7.pdf

FYI – The Waze App has added a gas finding feature!

1. CMS HEALTH PLAN OPERATIONS UPDATE

Daily Activities Briefing for Hurricane Harvey CMHPO Dallas 09/01/17

CASEWORK OPERATIONS:

 Marketplace - Caseworkers have identified less than 10 HICs cases overseen by the Dallas RO related to the storm. These cases are currently being addressed appropriately by plans and issuers.



- Of these, five cases requested, and were granted, SEPs, two requested retroterminations and the others requested reinstatement from termination due to non-payment of premiums.
- Medicare C/D Casework No CTM complaints have been detected.
- The Division of Medicare Health Plan Operations and the Regional External Affairs staff briefed the Texas and Louisiana congressional delegations on Thursday, August 31st regarding all the activities surrounding Hurricane Harvey. The congressional staff were appreciative of the information as well as the responsiveness of the Dallas staff.
- Dallas staff will be monitoring casework tracking systems and phone lines over the holiday weekend, Saturday Monday, to check for requests for assistance.

ACCOUNT MANAGEMENT:

- Account Managers continue to report plans and issuers are addressing storm related concerns appropriately and have remained in daily communication with their plans for any updates related to Harvey.
- Several plan members have requested help securing prescription refills due to being out-of-network. In each case the health plan has assisted the member in getting the refill – no one walked away without their prescription.

Department of Insurance and Partner Updates:

- <u>Texas Department of Insurance (TDI):</u>
 No new information reported.
- Texas State Health Insurance Assistance Program (SHIP):

 The Texas State Health Insurance Program (SHIP) has reported some infrastructure concerns with their offices, as well as, the Senior Medicare Patrol offices. Calls and service requests are being monitored and redirected to other Senior Medicare Patrol resource centers. All of the Area Agencies on Aging (AAAs) are still closed in the Houston area but staff from the Coastal Bend office have been deployed to Refugio County to assist with direct benefit counseling.
- Louisiana State Health Insurance Assistance Program:

 The Calcasieu Council on Aging (Lake Charles, LA) administration office is open, along with the City of Lake Charles Parish Government. The Lake Charles Civic Center is open as a shelter for evacuees from Texas cities, Port Arthur and Orange. There are no reports of assistance needed at this time.

Arthur W. Pagan, M.P.A. | Associate Regional Administrator | Division of Medicare Health Plans Operations | Dallas Regional Office, Centers for Medicare and Medicaid Services | 1301 Young St., Suite 833 | Dallas, TX 75202| 214-767-6420 | BlackBerry arthur.pagan@cms.hhs.gov



Top of the Document

2. EPA - NATIONAL RESPONSE CENTER REPORT MANAGED BY COAST GUARD

This report is being sent to you on behalf of the National Response Center (NRC) and contains information related to a significant environmental release and/or maritime transportation security incident.

*** NRC INCIDENT SUMMARY ***

NRC NUMBER: 1188881

OCCURRENCE DATE/TIME: 31-AUG-17 02:45 (LOCAL TIME)

LOCATION: CROSBY,TX (HARRIS)

FOSC: U.S. EPA VI INCIDENT TYPE: FIXED SEVERITY: MAJOR

MATERIAL: UNKNOWN CHEMICALS

QUANTITY DISCHARGED: 0 UNKNOWN AMOUNT

INSUM NUMBER: 1408

SUMMARY:

On August, 31 2017 at 04:19 a.m. ET the National Response Center received a report of explosion a chemical manufacturing plant. The incident occurred in Crosby, Texas at 02:45 a.m. CT, reportedly due to a loss of power as a result of Hurricane Harvey. The specific chemicals released are currently unknown, potential impact is to the atmosphere. There were no injuries reported. The local fire department had previously mandated a

1.5 mile evacuation radius. The local fire department has responded.

EPA Region VI has jurisdiction as the predesignated Federal On-Scene Coordinator.

MSTC BRITTLE

National Response Center

For more information about the NRC, please visit us on the web at http://www.nrc.uscg.mil or call us at (800)424-8802.

Top of the Document

3. HHS Resources for Hurricane Harvey

Friday, September 1, 2017

HHS increases presence and resources to help people affected by Hurricane Harvey



The U.S. Department of Health and Human Services continues to expand its presence in the regions damaged by Hurricane Harvey. Since Hurricane Harvey made landfall, HHS staff has treated more than 1,000 patients. HHS has deployed more than 1,000 personnel to support on-the-ground efforts in a variety of ways including helping to meet the medical and public health needs of the impacted communities. Additionally, HHS has set up Federal Medical Stations in Texas at the George R. Brown Convention Center in Houston, Dickinson High School in Dickinson, the Fort Bend County Fairground in Rosenberg, and NRG Arena in Houston. These facilities allow for medical staff to care for up to 250 patients at a time. HHS has also actively utilized social media to communicate, among other things, the dangers of water damage to food supply and housing.

To date, HHS has taken the following actions in response to Hurricane Harvey:

- HHS Secretary Tom Price M.D., declared a public health emergency in both Texas and Louisiana.
- HHS personnel deployed more than 460,000 pounds of medical equipment and supplies to support the medical needs of those in affected areas. Additionally, HHS helped evacuate hospital patients as well as assist those who rely upon electricitydependent medical equipment like wheelchairs, oxygen tanks, and blood sugar monitors.
- The Centers for Medicare & Medicaid Services designated dialysis facilities licensed in Texas and Louisiana, but not yet certified to provide care for Medicare beneficiaries, as Special Purpose Renal Dialysis Facilities. These facilities can serve as Medicare dialysis facilities for a limited period of time if they meet certain criteria and request Medicare provider status.
- The Substance Abuse and Mental Health Services Administration activated a
 Disaster Distress Helpline and announced that states can reallocate previously
 awarded formula and discretionary grants to provide opioid use disorder treatment
 when no other funds are available.
- The Office for Civil Rights identified resources for emergency responders to help ensure individuals have equal access to emergency services.
- The Centers for Disease Control and Prevention activated its Emergency
 Operations Center to help CDC staff more efficiently respond to public health
 needs in the aftermath of Hurricane Harvey and to deploy resources and personnel
 as requested.
- CDC continues to widely distribute messages related to carbon monoxide
 poisoning, flood water safety, generator safety, mental health, chemical hazards,
 evacuations & shelter safety, food and water safety, pet safety, injury prevention,
 and power outages. CDC staff is developing information for hardware store
 displays related to generator safety and CO detectors.
- The Health Resources and Services Administration is working closely with Ryan
 White grantees in Texas and Louisiana to ensure that program participants are able
 to access the medications they need. HRSA issued a waiver to grantees so that they
 can provide services to evacuees regardless of their location.

Tips to help resident in impacted areas protect their health are being provided by HHS'



Office of the Assistant Secretary for Preparedness and Response at www.phe.gov/harvey.

To read previous updates regarding HHS activities related to Hurricane Harvey, please visit https://www.hhs.gov/about/news.

To learn more about HHS resources related to Hurricane Harvey, please visit https://www.hhs.gov/hurricane-harvey.

Critical updates will also be available at:

Secretary Tom Price, M.D. - @SecPriceMD

ASPR - @PHEgov &

CDC - @CDCgov ₺

Top of the Document

4. Small Business Administration Information





If you are located in a declared disaster area, you may be eligible for financial assistance from the U. S. Small Business Administration (SBA).

TEXAS Declaration #15274 & #15275

(Disaster: TX-00487)

Incident: Hurricane Harvey

Occurring: August, 23 and continuing

The level of impact, types of Disaster Loans and the counties affected can be viewed by visiting clicking the declaration numbers above.

To be considered for all forms of disaster assistance, victims must first visit https://disasterassistance.gov or can call the Federal Emergency Management Agency (FEMA) at (800) 621-FEMA (3362). As soon as Federal-State Disaster Recovery Centers open throughout the affected area, SBA will provide one-on-one assistance to disaster loan applicants. Additional information and details on the location of disaster recovery centers is available by calling the SBA Customer Service Center at (800) 659-2955.

For additional information click the following link:

https://www.sba.gov/loans-grants/see-what-sba-offers/sba-loan-programs/disaster-loans/2017-hurricane-harvey-recovery-assistance



Top of the Document



5. FEDERAL DISASTER RECOVERY COORDINATOR NAMED TO LEAD FEDERAL FAMILY EFFORTS AFTER HURRICANE HARVEY

September 1, 2017

Federal Emergency Management Agency (FEMA) Administrator Brock Long names Michael Byrne, FEMA field operations directorate assistant administrator, as Federal Disaster Recovery Coordinator (FDRC) for recovery in the areas impacted by Hurricane Harvey. Byrne has more than 30 years of experience in disaster management and recovery program execution, including serving as the Federal Coordinating Officer for Hurricane Sandy in New York and the 2011 Alabama tornadoes.

Byrne will work under the direction of the Federal Coordinating Officer Kevin Hannes and State Coordinating Officer/Governor's Authorized Representative Nim Kidd, and be responsible for facilitating disaster recovery coordination and collaboration between federal, tribal, state, and local governments, the private sector, and voluntary, faith-based and community organizations. This role will involve bringing together a team of federal agencies to lead the complex recovery challenges of Hurricane Harvey, leveraging all available resources in support of state and local recovery effort. Areas of focus will include:

- 1. **Housing**, coordinated by the **U.S. Department of Housing and Urban Development** (**HUD**), to develop adequate, affordable, and accessible housing solutions for Hurricane Harvey survivors.
- 2. **Infrastructure Systems**, coordinated by the **U.S. Army Corps of Engineers**, to efficiently facilitate the restoration of infrastructure systems and services to support viable, sustainable communities and improve resilience to, and protection from, future hazards.
- 3. **Economic Recovery**, coordinated by the **U.S. Department of Commerce**, to assist with sustaining or restoring businesses and employment in the affected area, and developing economic opportunities in these communities;
- 4. **Health and Human Services**, led by the **U.S. Department of Health and Human Services**, to support locally led recovery efforts to address public health, health care facilities and coalitions, and essential human services;
- 5. **Natural and Cultural Resources**, led by the **Department of Interior**, will work with communities wishing to preserve, protect and restore natural and cultural resources—such as historic structures—during recovery; and
- 6. Community Planning and Capacity Building, coordinated by FEMA, to facilitate support among a variety of partners for the planning, capacity, and resilience building capabilities needed by local or tribal governments following this disaster.



These federal agencies—and the many others who will assist their efforts—will work together with a singular focus of restoring functional and resilient communities and local economies throughout that long term recovery process.

The federal government continues to be focused on protecting the lives and safety of those in affected areas after Hurricane Harvey. For more information about FEMA, the federal response, and resources available for disaster survivors, visit www.fema.gov/hurricane-harvey.

If you have any questions, please contact FEMA's Intergovernmental Affairs Division at (202) 646-3444 or at FEMA-IGA@fema.dhs.gov.

Top of the Document

6. HHS MEDICAL RESERVE CORPS NEWS RELEASE

FOR IMMEDIATE RELEASE

Friday, September 1, 2017

HHS Medical Reserve Corps volunteers aiding local response to Hurricane Harvey

Amid the devastation wrought by Hurricane Harvey along the Texas coastline, more than 1,000 local members of the U.S. Department of Health and Human Services' Medical Reserve Corps (MRC) Program have been volunteering to meet the overwhelming community needs in the storm's wake.

"While Medical Reserve Corps volunteers are vital to supporting their local communities' public health every day, their efforts during disasters are essential," said HHS' Assistant Secretary for Preparedness and Response (ASPR) Dr. Robert Kadlec. "These volunteers live in the communities where they are serving and have been personally impacted by the storm, which makes their readiness and willingness to respond to their neighbors' needs especially admirable."

Medical professionals who serve as members of their local MRCs also are providing medical services at shelters, as well as psychological first aid and other mental health services for patients and family members.

Veterinary volunteers with the MRC assisted with animal rescues and provided emergency care in Texas, and are caring for displaced pets at an animal shelter in Oklahoma where animals from storm-impacted areas have been transported after local resources were strained.

MRC volunteers also are supporting local Hurricane Harvey response efforts in 16 Texas counties, managing administrative functions at 28 shelters and three evacuation centers; providing information and resources to storm victims at call centers, and helping to manage and distribute donations, including cleaning supplies, personal care items, diapers



and other items.

Approximately 20 MRC units active in local responses to Hurricane Harvey come from the following Texas counties: Bell, Bexar, Brazoria, Brazos, Dallas, Denton, Fort Bend, Galveston, Nolan, and Tarrant. In Louisiana, MRC volunteers from Orleans and Calcasieu Parishes have contributed to the disaster response. In Oklahoma, MRC volunteers from Tulsa and Oklahoma Counties are participating in the response.

The MRC is a national network of volunteers, organized locally to improve the health and safety of their communities. The MRC network comprises nearly 1,000 community-based units and almost 200,000 volunteers located throughout the United States and its territories. MRC volunteers include medical and public health professionals, as well as other community members without healthcare backgrounds. MRC units engage these volunteers to strengthen public health, improve emergency response capabilities, and build community resiliency.

In addition to the support being provided by MRC volunteers, HHS has more than 1,100 personnel from the National Disaster Medical System and U.S. Public Health Service Commissioned Corps on the ground providing care to people affected by Hurricane Harvey. These personnel have so far provided care to more than 1,000 people affected by the storm.

Tips that residents in affected areas can take to protect their health are being provided by ASPR at www.phe.gov/harvey.

For previous updates regarding HHS activities related to Hurricane Harvey, please visit https://www.hhs.gov/about/news.

To learn more about HHS resources related to Hurricane Harvey, please visit https://www.hhs.gov/hurricane-harvey.

Critical updates also are available at:

Secretary Tom Price, M.D. - <u>@SecPriceMD</u>

HHS - @HHSgov

ASPR - @PHEgov

CDC - @CDCgov

Top of the Document



7. CMS CLAIMS RELATED INFORMATION

MLN Connects contains important news, announcements, and updates for health care professionals.



Special Edition – Friday, September 1, 2017

- Hurricane Harvey and Medicare Disaster Related Texas Claims MLN Matters
 Article Updated
- Tropical Storm Harvey and Medicare Disaster Related Louisiana Claims MLN
 Matters Article Updated

Hurricane Harvey and Medicare Disaster Related Texas Claims MLN Matters Article — Updated

The MLN Matters Special Edition Article on <u>Hurricane Harvey and Medicare Disaster Related Texas Claims</u> has been updated. The article was revised to include additional waiver information for Medicare-dependent small, rural hospitals and for low-volume hospitals. Information regarding administrative relief related to timely filing of appeals was also added. All other information remained the same.

Tropical Storm Harvey and Medicare Disaster Related Louisiana Claims MLN Matters Article — Updated

The MLN Matters Special Edition Article on <u>Tropical Storm Harvey and Medicare Disaster Related Louisiana Claims</u> has been updated. The article was revised to include additional waiver information for Medicare-dependent small, rural hospitals and for low-volume hospitals. Information regarding administrative relief related to timely filing of appeals was also added. All other information remained the same.

Like the eNews? Have suggestions? Please let us know!



The Medicare Learning Network®, MLN Connects®, and MLN Matters® are registered trademarks of the U.S. Department of Health and Human Services (HHS).





Please share this important information with your colleagues and encourage them to subscribe. Previous issues are available in the archive.





Top of the Document

8. SECRETARY PRICE INTERVIEW

ICYMI: HHS Secretary Tom Price Interview with Fox News's Dr. Marc Siegel

Earlier this week, HHS Secretary Tom Price, M.D., spoke with Fox News's Dr. Marc Siegel about the Department's emergency efforts related to Hurricane Harvey. <u>Click here</u> or the image below to see the interview.



To learn more about HHS resources related to Hurricane Harvey, please visit https://www.hhs.gov/hurricane-harvey.

To read previous updates regarding HHS activities related to Hurricane Harvey, please visit https://www.hhs.gov/about/news.

Caitlin B. Oakley



Press Secretary
Office of the Assistant Secretary for Public Affairs
U.S. Department of Health and Human Services
caitlin.oakley@hhs.gov

Top of the Document

9. News

Friday, September 1, 2017 1:00 PM EDT

Relief Response Continues In Harvey Aftermath.

The Harvey relief effort continued Friday morning as the remnants of Hurricane Harvey moved out of the Gulf Coast. Significant flooding remains an issue for parts of Texas and Louisiana as Washington prepares to tackle an aid package next week. <u>USA Today</u> (9/1, Jansen) reports that Harvey has been downgraded to a tropical rainstorm, currently positioned over the Tennessee Valley. Intense rain and less-severe flooding are expected in Tennessee, Kentucky, Ohio, and West Virginia today. "As the rains move into the northeast, residents of these areas should remain extremely vigilant," said Senior Accuweather Meteorologist Evan Myers. "Flash flooding presents a serious danger to lives and property. Contingency planning is imperative to ensure safety." Nashville received ten inches of rain yesterday and has closed schools. The death toll from the storm stands at 47 people.

CNN (9/1, Wagner) reports online that Houston Mayor Sylvester Turner said that the city "is open for business," though flooding has not entirely receded. The Washington Post (9/1, Frankel, Berman) reports that smaller towns in Texas are still in crisis, with Port Arthur facing continued flooding. Beaumont's drinking water has been contaminated after its pump stations were flooded, with the city saying in a statement, "We will have to wait until the water levels from this historical flood recede before we can determine the extent of damage and make any needed repairs. There is no way to determine how long this will take at this time." Police Officer Halley Morrow told the Post that "when you take water out of the picture, people start to panic a bit."

Meanwhile, <u>CBS News</u> (9/1) reports that Hurricane Irma has strengthened to a category 3 storm and should reach the Eastern Caribbean by early next week. There is no indication yet that it will strike the continental US.



Recovery Efforts Will Last For Years. ABC News (9/1, Winsor) reports that Texas Gov. Greg Abbott said on Good Morning America today that the recovery effort will not be brief. "This is going to be a massive, massive cleanup process," he said. "People need to understand this is not going to be a short-term project. This is going to be a multi-year project for Texas to be able to dig out of this catastrophe." Roughly 32,000 people remain in shelters in the state, Abbot said, and the Texas Division of Emergency Management estimates that nearly 94,000 homes have been damaged or destroyed. The Houston (TX) Chronicle (9/1, Kadifa) reports that Abbott has launched the Rebuild Texas Fund to help fund immediate relief efforts with the hope of raising \$100 million by the end of the holiday weekend. "A state that's as large as Texas requires a response as big as Texas," he said. The fund was seeded with a donation from the Dell family.

USA Today (9/1) reports in an online video that more than one million people across the Gulf Coast have been forced from their homes. The AP (9/1) reported that Harris County FEMA Director Tom Fargione said that the agency will look to provide temporary housing to those who cannot return home. "Right now, nothing is off the table. This is a tremendous disaster in terms of size and scope," he said. Reuters (9/1, Volcovici, Thevenot) carried a report on how hurricane victims "hang their hopes" on FEMA's competency in its response as "the agency continues to repair an image badly damaged more than a decade ago in the aftermath of Hurricane Katrina." As of this morning, more than 103,000 individuals and households had applied for FEMA financial assistance. The agency has already begun disbursements and will partner with the Small Business Administration to offer low-interest loans to repair damage long-term. The Street (9/1, Reed) reports that the total cost of the recovery won't be known for a while. Estimates currently range from between \$70 to \$150 billion. The cost of recovery efforts from Hurricane Katrina, whose destruction is now considered to be less than Harvey's, was \$160 billion.

Oil Refineries May Have Released 2 Million Pounds Of Chemicals. Business Insider (8/31, Brodwin) reports that Tropical Storm Harvey's after-effects "are just beginning to be realized." The storm "struck the heart of Texas' refining industry, where roughly a third of America's oil is processed." In its wake, "more than two million pounds of hazardous chemicals have been released into the air, according to filings reported with the Texas Commission on Environmental Quality and first reported by Politico." Some companies "were forced to intentionally burn chemicals as a means of disposing them in anticipation of the storm. Chevron Phillips, the company that reported the largest release, burned close to 800,000 pounds of chemicals – nearly 300,000 of which were the colorless, odorless, and potentially deadly gas carbon monoxide – as it shuttered its plant to prepare for Harvey."

Texas Chemical Plant Explosion Raises Concerns. The St. Louis Post-Dispatch (8/31) reports there "were chemical plant explosions today outside of Houston, a result of flooding



caused by the storms." The article says that at the Chevron Oil Refinery in Pascagoula, "chemicals sit in big tanks." Chevron Refinery Communication Specialist Allison Cook is quoted saying, "We've got a 50 plus year history of operating safely and responsibly in this community. We'll continue to follow all of the storm preparedness procedures we have in place."

Vice President Pence Visits Texas; President To Return Tomorrow. Vice President Mike Pence visited Texas yesterday, offering comfort and aid to affected residents in a manner that media outlets say contrasted with President Trump's approach earlier in the week. CBS This Morning (9/1, 8:13 a.m. EDT) reported on the different approaches taken by President Trump and Vice President Pence in their initial visits to the affected areas, highlighting criticism aimed at Trump for appearing to be more detached from the destruction while Pence made more overt attempts to emotionally connect with people and even helped to clear debris. CBS Chief White House Correspondent Major Garrett called the dichtomy "a study in contrast." The report further described Trump's visit as "far less intimate" and highlighted the compassion shown by Presidents Clinton, Bush, and Obama following national disasters. ABC's Good Morning America (9/1, 7:13 a.m. CDT) also reported on the White House's response to the disaster. Speaking with a resident who had come to hear Pence speak, ABC Chief White House Correspondent Jonathan Karl asked if personal visits by leaders mattered in the recovery effort. The resident responded: "Absolutely... you can describe it to people, but unless you're here, you don't know." Discussing the potential for a government shutdown this week, Pence did not rule out the possibility but said that the administration's "top priority right now is dealing with Hurricane Harvey and its aftermath." KIAH-TV → Houston (9/1, 7:03 a.m. CDT) reported that Pence "offered Texans some words of encouragement" while President Trump has promised a \$1 million personal donation to recovery efforts. WVUE-TV New Orleans (9/1, 7:05 a.m. CDT) reported that Trump will return to the region tomorrow, visiting parts of Louisiana before moving to Texas and visiting Houston.

Washington To Consider Relief Bill Next Week. Congress will tackle an initial relief bill when it gavels back into session next week. KRIV-TV Houston (9/1, 8:08 a.m. CDT) reported on efforts to fund the federal relief effort, saying that a relief bill has "shot straight to the top of the list" and rolling footage of Vice President Pence saying in Texas that the administration expects "Congress to move quickly on the initial legislation." The House Appropriations Committee has already approved a request to transfer \$1 billion from the general fund to the disaster emergency fund so FEMA can keep disbursing relief. KTBC-TV Austin, TX (9/1, 8:26 a.m. CDT) also reported on the political effort to provide aid, and suggested that Trump may tie the initial ask to the debt ceiling increase measure. The report did, however, warn about the potential for recovery relief to get stalled in congress "even if your intentions are good." CNN (9/1, Diamond, Johns) later reported online that two administration officials have



indicated that the President will ask for a clean relief bill not tied to the debt ceiling issue.

Petrochemical Disruption Affects Mexico, Venezuela. The Financial Times (9/1, Rathbone) reports that disruption to the petrochemical industry affected fuel prices in Mexico and Venezuela, with the former importing refined products and the second needing US oil for its own blends.

Top of the Document

10. DFW FEB SOCIAL SECURITY AND RETIREMENT CHECKS INFORMATION

Info for all:

This is the 1st of the Month when Social Security, OPM retirement, Railroad Retirement and VA checks come out.

Below is the notification for Houston, we are working with Postal Inspectors to obtain information for evacuees that have been sent to area shelters in Dallas and Ft. Worth.

U.S. Postal Service Houston District is providing additional information on how customers displaced by Hurricane Harvey can retrieve Treasury checks they receive, via U.S. Mail. They will also distribute identifiable medications sent through the mail. Customers are reminded that, in order to retrieve their check, proper ID must be provided.

In addition to retrieving checks, customers can also complete a Change of Address (COA) request, especially if they expect to be out of their homes for an extended period. Below is a list, by ZIP Code, where checks will be made available for pick-up.

Simply locate your 5-digit ZIP Code on the left side to find the nearest Post Office location which will have your check available, beginning Friday, September 1. Customers may pick-up checks at any location between the hours of 10:00 a.m. -6:00 p.m., Monday – Sunday.

77326; 77532; Greens North-1530 GREENSMARK DR. HOUSTON 77067

77707: Martin Luther King, 9444 Cullen Blvd, Houston 77051

77422: Alvin, 455 E House St, Alvin 77511

77360: 100 Cannan Dr, Angleton 77515

77630, 77659, 77368, 77662: Beaumont MPO, 5815 Walden Rd., Beaumont 77707



77502: 4115 5th St, Brookshire 77423

77371;77476; 77705; 77521; 77480; 77486: 2121 E Wm J Bryan Pkwy, Bryan

77801

77084: Sam Houston, 1500 Hadley St, Houston 77002

77612: 6500 De Moss Dr, Houston 77074

77332, 77615, 77629: 531 Sheldon Rd, Channelview 77530

77619: 1324 Port Neches Ave, Port Neches 77651

77650: 2500 Broadway Ave, Port Bolivar 77650

77362: 815 Goodson Rd, Magnolia 77355

77336: 110 S Mechanic St., El Campo 77437

77701; 77372; 77706: 1202 1st St E, Humble 77338

77378: 3190 Highway 30W, Huntsville 77340

77334; 77494: 20180 Park Row Dr., Katy 77449

77365; 77585; 77374; 77376: 1245 S Pine St, Kountze 77625

77657: 509 Laurel St, La Marque 77568

77538; 77024; 77364; 77582: 1515 Sam Houston St, Liberty 77575

77539: 1199 Pasadena Blvd, Pasadena 77501

77655; 77650: 345 Lakeshore Dr., Port Arthur 77640

77616; 77626; 77664: 4956 FM 3063, Village Mills 77663

77422; 77415; 77463; 77480: 350 W Brazos Ave, West Columbia 77486

77420; 77468: 141 E Milam St, Wharton 77488

77622;77623; 77358; 77363; 77367; 77661: 324 Highway 124, Winnie 77665

77327; 77357: 23550 Partners Way, Porter 77365

77560; 77597: 411 W Main St, Anahuac 77514



77624: 120 County Rd 1520, Warren 77664

77625: 111 W Avenue P, Silsbee 77656

77331: 1350 S Byrd Ave, Shepherd 77371

77333: 20821 Eva ST Ste H, Montgomery 77356

77614: 11424 Highway 12, Mauriceville 77626

77656: 650 S Main St, Lumberton 77657

77350: 7440 US Highway 59 S, Goodrich 77335

77577: 6003 5th St, Danbury 77534

77359: 14231 State Hwy 150 W, Coldspring 77331

77335; 77351; 77369: 1213 E Houston St, Cleveland 77327

Top of the Document



From: Lothrop, Julia (HHS/IEA)
Sent: 7 Sep 2017 20:16:35 +0000

To: Acker, Alisha R. (OS/OASH); Anderson, Kelly (HHS/IEA); Belcher, DebbieAnne (HHS/OGC); Brice-Smith, Angela M. (CMS/CQISCO); Bryant, Jamie (PSC/FOH/EHSS); Cato, Todd W (FDA/ORA); Cisneros, Oscar (OS/ASA/OCIO); Cote, Mick (OS/ASPR/OEM); Devine, Percy (ACL); Dito, Matt (PSC/FMP/CAS); Dorrill, Ruth A (OIG/OEI); Hargrave, Scotty L (FDA/ORA); Hearod, Karen (SAMHSA); Jackson, Princess (HRSA); Karim, Arif (PSC/FMP/CAS); Lee, Derek B. (ACL); Lothrop, Julia (HHS/IEA); Massoudi, Mehran (HHS/OASH); McAdams, Lisa M. (CMS/CQISCO); Nwigwe, Vaniecy (OS/OCR); Parnell, June (PSC/RLO/BOS) (CTR); Pettigrew, George (ATSDR/DCHI/CB); Pope Jackson, LaKesha (ACF); Porter, CJ (OIG/OI); Reyes, Hernan (HRSA); Samuels, Peggy (OS/IEA); Smith, Marisa (HHS/OCR); Teuscher, David (HHS/IEA); Turner, Mervin D. (HHS/OGC); Weaver, Michael R. (IHS/DES); Wellspring, Howard W. (IHS/HQ); Wheeler, Trish M (OIG/OAS); Young, Patrick (ATSDR/DCHI/CB); Alanis, Maribel (OS/ASA/OCIO/ITIO) (CTR); Bird, William (PSC/FOH/EHSS); Brookins, Diane (ACF); Crabtree, Melissa J (FDA/ORA); Creswell, Patricia (PSC/RLO/BOS) (CTR); Culver, Martha (HRSA); Gooden, Shelby (HHS/IEA); Grooms, Kiran (HHS/OCR); Harper, Scott S. (CMS/CQISCO); Harris, Daryle (FDA/ORA); Harris, Keith D (OIG/OAS); Hayes-Mohl, Janice (PSC/FMP/CAS); Jeffery, Shandrea M (HHS/OASH); Jordan, Tara (HHS/OGC); Lightner, Louis (OS/ASPR/OEM); McClendon, Larry (ACL); Rambo, Carolyn A. (CMS/CQISCO); Raphiel, Nicole (SAMHSA/OPPI) (CTR); Ross, Brenda (PSC/FOH/CHS); Russell, Wendy (ACF); Tulloch, Barbara G. (IHS/HQ); Williams, Ernesta B. (CMS/CQISCO); Ericka Murray (ericka.murray@hq.dhs.gov);Gagliano, Paul (IHS/DES);Grissom, Amy (ACF);Michalka, Shara (HHS/OGC);Singleton, Ladonna (HHS/IEA);Walker, Joseph (HRSA)

Cc: Gooden, Shelby (HHS/IEA);Singleton, Ladonna (HHS/IEA);Moore, Veronica (HHS/IEA);Anderson, Amber - RD, Atoka, OK (Amber.Anderson@ok.usda.gov);Peggy Samuels - 7A-FEB

Subject: Hurricane Harvey News for Sept. 7 - Afternoon

Attachments: 9-7-17 PM - Hurricane Harvey Reports Digest.docx, Handout3-DisasterReactions-Interventions_Final_508.pdf, Handout4-Recognizing-Severe-Reactions_Final_508.pdf, Harvey - HHS ASPR S1 Brief 5 SEP 0330CDT V3.pdf, Harvey - HHS ASPR S1 Brief 6 SEP 0330 CDT.pdf, Hurricane Harvey Disaster Relief Resources.docx, MRC 2017 Hurricane Harvey SitRep 9 9-6-17.pdf, PEP12-DDHBRO.PDF, PEP12-DDHCARD.PDF, SAMHSA Disaster Pubs for Harvey Relief_8.31.17.docx

Dear Senior Staff,

Attached are the reports that I have received this afternoon pertaining to Hurricane Harvey.

Please let me know if you have any questions.

Sincerely,

Julia Lothrop

Julia Lothrop
Executive Officer
Office of the Regional Director
U.S. Department of Health and Human Services
1301 Young Street, Suite 1124
Dallas, Texas 75202
Phone: (214) 767-3190

Phone: (214) 767-3190 Fax: (214) 767-3617





Hurricane Harvey Reports Digest - Sept. 7, 2017 Afternoon Edition

Contents:

- 1. CMS Health Plan Operations Update
- 2. CMS Response News
- 3. FEMA National Flood Insurance for Louisiana
- 4. IRS Information for Emergencies
- 5. Disaster Recovery Centers to Open in 3 Additional Counties
- 6. CMS Hurricane Harvey Quality Reporting Exceptions
- 7. New CMS Emergency Training Online Course for all State Survey Agency and Regional Office Surveyors and Reviewers
- 8. Survivor Health and Safety
- 9. TSP Changes Withdrawal Rules for Hurricane Harvey
- 10. Small Business Administration Information
- 11. DFW FEB Update
- 12. CDC Information
- 13. Texas Announces Food Benefits for Victims of Hurricane Harvey
- 14. News
- 15. CMS Waives Provider Screening Requirements in Texas and Louisiana During Hurricane Recovery Efforts
- 16. SEC Warning about Investment Scams Post Hurricane
- 17. CMS Claims Information
- 18. HHS Hurricane Response Updates https://www.hhs.gov/about/news/hurricane-response/index.html



1. CMS Health Plan Operations Update

Daily Activities Briefing for Hurricane Harvey CMHPO Dallas 09/07/2017

CASEWORK OPERATIONS: HIM Casework:

The Dallas Marketplace Casework team continues to receive cases related to Harvey; at this time, the cases are being managed appropriately by the Issuers and caseworkers. In total, Dallas has received 22 Special Enrollment Period cases and 38 Category 2/Issuer cases.

Medicare Casework:

Dallas staff met with the Red Cross regarding two evacuees from the Kay Bailey Hutchinson Mega Shelter in Dallas; both beneficiaries are enrolled in Humana and needed assistance. Humana is managed by the Kansas City Regional Office and as such, Dallas contacted Kansas City staff to relay the need for immediate assistance and to provide the Complaint Tracking Module numbers related to the beneficiaries. The cases are now being reviewed by Kansas City staff.

ACCOUNT MANAGEMENT:

No issues to report.

Department of Insurance and Partner Updates:

- <u>Texas Department of Insurance (TDI):</u> No additional issues to report.
- <u>Texas State Health Insurance Assistance Program (SHIP):</u> No additional issues to report.
- <u>Louisiana State Health Insurance Assistance Program:</u>
 No additional issues to report.

Arthur W. Pagan, M.P.A. | Associate Regional Administrator | Division of Medicare Health Plans Operations | Dallas Regional Office, Centers for Medicare and Medicaid Services | 1301 Young St., Suite 833 | Dallas, TX 75202 214-767-6420 | BlackBerry: (b)(6) FAX: 443-380-6451 | ⊠: arthur.pagan@cms.hhs.gov





Top of the Document

2. CMS RESPONSE NEWS

FOR IMMEDIATE RELEASE September 7, 2017

Contact: CMS Media Relations (202) 690-6145 | CMS Media Inquiries

CMS Continues Helping Texas and Louisiana with Hurricane Harvey Recovery

Agency helps impacted beneficiaries with replacement of medical equipment and supplies

Centers for Medicare and Medicaid Services (CMS) Administrator Seema Verma today announced new guidance to support people who are impacted by the loss of their durable medical equipment and supplies due to Hurricane Harvey. The ongoing response from CMS is focused on helping Medicare and Medicaid beneficiaries, providers, facilities and the general public with their immediate needs and ensuring access to healthcare services and resources are not interrupted throughout the recovery.

Today, the agency finalized new guidance for Fee for Service (FFS) Medicare beneficiaries who have lost or realized damage to their durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) as a result of Hurricane Harvey. Health and Human Services Secretary Tom Price, M.D., established a waiver under section 1135 of the Social Security Act that allows CMS to temporarily suspend the face-to-face requirement, a new physician's order, and new medical necessity documentation for replacement due to loss or damage from the hurricane. This action will help to make sure that beneficiaries can continue to access the needed medical equipment and supplies they rely on each day.

Suppliers are still required to include a narrative description on the claim explaining why the equipment must be replaced. In addition, suppliers should keep documentation that indicates whether the DMEPOS was lost, destroyed, irreparably damaged or otherwise rendered unusable as a result of the hurricane.

Beneficiaries can contact 1-800-MEDICARE (1-800-633-4227) for assistance.

For more information, please read the fact sheet online here: https://www.cms.gov/About-CMS/Agency-Information/Emergency/Downloads/Emergency-DME-Beneficiaries-Harvey.pdf

CMS will continue to work with Texas and Louisiana in their recovery. The agency continues to update its <u>emergency page</u> (<u>www.cms.gov/emergency</u>) with important information for state and local officials, providers, healthcare facilities and the public.



To read previous updates regarding HHS activities related to Hurricane Harvey, please visit https://www.hhs.gov/about/news.

To learn more about HHS resources related to Hurricane Harvey, please visit https://www.hhs.gov/hurricane-harvey.

###

Get CMS news at cms.gov/newsroom, sign up for CMS news via emailto:via emailto

Top of the Document

3. FEMA'S NATIONAL FLOOD INSURANCE PROGRAM ENHANCES THE FLOOD CLAIMS PROCESS FOR LOUISIANA FOLLOWING TROPICAL STORM HARVEY

Release date:

September 7, 2017

Release Number:

HQ-17-090

WASHINGTON — To support the ongoing disaster recovery in Louisiana, the Federal Emergency Management Agency's (FEMA) National Flood Insurance Program (NFIP) is temporarily enhancing the flood insurance claims process for insured survivors affected by Tropical Storm Harvey.

Due to damages caused by Tropical Storm Harvey, FEMA implemented temporary changes to rush recovery money into the hands of NFIP policyholders in Louisiana, for repair and replacement of flood-damaged properties. As of September 4, FEMA directed all NFIP private insurance partners to:

- Provide advance payments on flood claims, even before visits by an adjuster;
- Increase the advance payment allowable for policyholders who provide photographs or video depicting flood damage and expenses, or a contractor's itemized estimate; and,
- Waive use of the initial Proof of Loss (POL) form.

Advance Payments



The NFIP is making it easier for policyholders to receive an advance payment for their flood claim to help them begin the process of recovery as quickly as possible. After filing a flood insurance claim, the policyholder can discuss an advance payment with the insurer:

- When a policyholder contacts the insurance company and has his/her identity verified, the policyholder can receive an advance payment for up to \$5,000 on a flood claim without an adjuster visit or additional documentation. When the advance payment is issued, the policyholder receives a letter which explains that by accepting this payment, the policyholder is certifying the damage.
- Policyholders who provide the following: photos or videos which depict flood-damaged property; receipts for related out-of-pocket expenses; or a contractor's itemized estimate, may receive up to \$20,000 in an advance payment.

Advance payments are deducted from a policyholder's final claim settlement amount and may only be used according to the terms of the policy. For example, when a policy is for building coverage, the advance payment must be used to repair or rebuild the structure. In another example, when the policy is for personal property, the advance payment must be used to repair or replace the contents that were within the structure at the time of the flood. Advance payments may not be used for temporary housing and living expenses.

If a policyholder's property is mortgaged and they have building/structure coverage, both the lender and the policyholder will be named on the check and both signatures will be required.

Proof of Loss Waiver

To expedite processing of NFIP claims for Tropical Storm Harvey, the NFIP is waiving the requirement for a policyholder to submit an initial Proof of Loss (POL) document. Here's how the enhanced process works:



- After a policyholder files a claim, a time is set up for the adjuster to inspect
 the flood damaged property. The adjuster will document the damage and
 submit a report to the policyholder's insurance company.
- If additional damage is discovered or a policyholder does not agree with
 the payment amount, a policyholder can seek additional payment if the
 policy's coverage limits have not been met. A POL will be required to seek
 supplemental payment on the claim. If payment is issued based upon the
 adjuster's initial report and the policyholder does not seek additional
 payment (using a POL), the insurer will close the file.

If a policyholder requests an additional payment, he/she must complete a POL and submit it to the insurance company within one year of the date of the flood loss. FEMA has informed all of its NFIP insurance partners about this process.

The enhanced flood claims process was developed for Louisiana policyholders affected by Tropical Storm Harvey due to the extent and magnitude of the event. These enhancements do not apply to claims filed as a result of flooding during previous events, including claims for the March and August floods in 2016.

NFIP policyholders are encouraged to contact their <u>insurance company</u> and report a flood claim as soon as possible. If someone is unsure if he/she has flood insurance with the National Flood Insurance Program; does not know how to contact his/her agent or company; or has an NFIP Direct policy, call **1-800-621-3362**, select option 2, and speak with the NFIP call center. The TTY number is 1-**800-462-7585**.

Top of the Document

4. IRS Information for Emergencies

IR-2017-145, Sept. 6, 2017

WASHINGTON — For September's National Preparedness Month, the Internal Revenue Service is offering advice to taxpayers who may be affected by storms, fires, floods or other disasters. After the devastation of Hurricane



Harvey and with Hurricane Irma threatening parts of the U.S. and Caribbean, the IRS reminds taxpayers that the agency is here to help, including offering a special toll-free number to taxpayers in federally-declared disaster areas that's staffed with IRS specialists trained to handle disaster-related issues.

Managed and sponsored by the Federal Emergency Management Agency (FEMA) and the Ready Campaign, National Preparedness Month encourages individuals, businesses and organizations to prepare for a variety of disaster and emergency situations.

Create Electronic Copies of Key Documents

Taxpayers can help themselves by keeping a duplicate set of key documents, including bank statements, tax returns, identifications and insurance policies in a safe place. Store them in a waterproof container and away from the original set.

Doing so is easier now that many financial institutions provide statements and documents electronically, and much financial information is available on the Internet. Even if the original documents are only provided on paper, these can be scanned into an electronic format. This way, taxpayers can download them to a storage device such as an external hard drive or USB flash drive, or burn them to a CD or DVD.

Document Valuables

It's a good idea to photograph or videotape the contents of any home, especially items of higher value. Documenting these items ahead of time will make it easier to quickly claim any available insurance and tax benefits after the disaster strikes. The IRS has a disaster loss workbook, Publication 584, which can help taxpayers compile a room-by-room list of belongings.

Photographs can help an individual prove the fair market value of items for insurance and casualty loss claims. Ideally, photos should be stored with a friend or family member who lives outside the area.

Check on Fiduciary Bonds

Employers who use payroll service providers should ask the provider if it has a fiduciary bond in place. The bond could protect the employer in the event of default by the payroll service provider.

Don't Forget to Update Emergency Plans

Because a disaster can strike any time, be sure to review emergency plans annually. Personal and business situations change over time as do preparedness needs. When employers hire new employees or when a company or organization changes functions, plans should be updated accordingly and employees should



be informed of the changes. Make plans ahead of time and be sure to practice them.

IRS Ready to Help

In the case of a federally-declared disaster, an affected taxpayer can call 866-562-5227 to speak with an IRS specialist trained to handle disaster-related issues.

Back copies of previously-filed tax returns and all attachments, including Forms W-2, can be requested by filing Form 4506, Request for Copy of Tax Return. Alternatively, transcripts showing most line items on these returns can be ordered through the Get Transcript link on IRS.gov, by calling 800-908-9946 or by using Form 4506T-EZ, Short Form Request for Individual Tax Return Transcript, or Form 4506-T, Request for Transcript of Tax Return.

For more information about National Preparedness Month, visit Ready.gov/September.

Related Items:

- Publication 2194, Disaster Resource Guide for Individuals and Businesses
- Publication 583, Starting a Business and Keeping Records
- Tax Relief in Disaster Situations
- Federal Emergency Management Agency
- Small Business Administration
- Disasterassistance.gov
- Ready.gov

Top of the Document

5. DISASTER RECOVERY CENTERS TO OPEN IN 3 ADDITIONAL COUNTIES

Release date:

September 6, 2017

Release Number:

NR002

AUSTIN, Texas – Three State of Texas/FEMA Disaster Recovery Centers will open Wednesday, Sept. 6, 2017: one in San Patricio County in the city of Ingleside; one in Calhoun County in the city Port Lavaca; and one in Victoria County in the city of Victoria.



Disaster Recovery Centers offer in-person support to individuals and businesses in 39 counties included in the Texas federal disaster declaration for Hurricane Harvey and the subsequent floods.

Recovery specialists from the Federal Emergency Management Agency (FEMA) and the U.S. Small Business Administration (SBA), the State and other agencies will be at the centers to talk about assistance and to help anyone who needs guidance in filing an application. The new centers are at these locations:

Bay Vista Center

Suite 174 & 178 2334 Hwy 361 Ingleside TX 78362

Hours: Daily from 7 a.m. to 7 p.m.

Pattie Dodson Public Health Center

2805 N Navarro Victoria TX 77901

Hours: Daily from 7 a.m. to 7 p.m.

Calhoun County Public Library

200 West Mahan St
Port Lavaca TX 77979

Hours: Daily from 7 a.m. to 7 p.m.

The U.S. Small Business Administration's (SBA) disaster assistance employees are committed to helping businesses and residents rebuild as quickly as possible. SBA representatives are available to answer questions about SBA's disaster loan program and help business owners and residents apply to SBA.



Disaster Recovery Centers are accessible to people with disabilities. Centers have assistive technology equipment allowing disaster survivors to use amplified telephones, phones that display text, amplified listening devices for people with hearing loss, and magnifiers for people with vision loss. Video Remote Interpreting is available and inperson sign language is available by request. The centers also have accessible parking, ramps and restrooms.

If possible, homeowners, renters and businesses should register with FEMA before visiting a recovery center. Eligible residents may register for assistance the following ways:

- Online at <u>DisasterAssistance.gov</u>.
- Phone **800-621-3362** (voice, **711/VRS**-Video Relay Service) (TTY: **800-462-7585**). Multilingual operators are available (press **2** for Spanish).

The following information is helpful when registering:

- Address of the location where the damage occurred (pre-disaster address).
- Current mailing address.
- Current telephone number.
- Insurance information.
- Total household annual income.
- Routing and account number for checking or savings account (this allows FEMA
 to directly transfer disaster assistance funds into a bank account).
- A description of disaster-caused damage and losses.

Disaster survivors can visit any of the centers for assistance. Locations of other recovery centers are online at www.fema.gov/DRC.

Homeowners, renters and businesses in Aransas, Austin, Bastrop, Bee, Brazoria, Calhoun, Chambers, Colorado, Dewitt, Fayette, Fort Bend, Galveston, Goliad, Gonzalez, Hardin, Harris, Jackson, Jasper, Jefferson, Karnes, Kleberg, Lavaca, Lee, Liberty, Matagorda, Montgomery, Newton, Nueces, Orange, Polk, Sabine, San Jacinto, Refugio, San Patricio, Tyler, Victoria, Waller, Walker and Wharton may be eligible for help.



Top of the Document

6. CMS HURRICANE HARVEY QUALITY REPORTING EXCEPTIONS

The Centers for Medicare & Medicaid Services (CMS) is granting exceptions under certain Medicare quality reporting and value-based purchasing programs to acute care hospitals, PPS-exempt cancer hospitals, inpatient psychiatric facilities, skilled nursing facilities, home health agencies, hospices, inpatient rehabilitation facilities, outpatient dialysis facilities, long-term care hospitals, and ambulatory surgical centers located in areas affected by Hurricane Harvey due to the devastating impact of the storm. These providers will be granted exceptions without having to submit an extraordinary circumstances exception request if they are located in one of the Texas counties or Louisiana parishes, all of which have been designated by the Federal Emergency Management Agency (FEMA) as a major disaster county.

The scope and duration of the exception under each Medicare quality reporting program is described in the <u>memo posted on 8-31-17</u>, however, all of the exceptions are being granted to assist these providers while they direct their resources toward caring for their patients and repairing structural damages to facilities.

If FEMA expands the current disaster declaration for Hurricane Harvey to include additional counties or parishes, CMS will update this memo to expand the list of providers eligible to receive an exception without submitting a request to include the hospitals, PPS-exempt cancer hospitals, inpatient psychiatric facilities, skilled nursing facilities, home health agencies, hospices, inpatient rehabilitation facilities, long-term care hospitals, and ambulatory surgical centers located in the additional counties and parishes.

In addition, CMS will continue to monitor the situation and adjust exempted reporting periods and submission deadlines accordingly.

Additional details and materials are available on the CMS <u>Hurricane</u> webpage. Please check back frequently for updates.

Top of the Document

7. New! CMS Emergency Preparedness Training Online Course

The Centers for Medicare & Medicaid Services (CMS) has developed a new Emergency Preparedness Training Online Course which is available on demand and learners may access it at their convenience: 24 hours a day, 7 days a week, and 365 days a year. This course is required for all State Survey Agency (SA) and Regional Office (RO) surveyors and reviewers who conduct or review health and safety or LSC surveys for the new emergency preparedness rule (EP) requirements, which ASPR staff was integral in shaping. Non-survey professionals and other staff with a keen



interest in or are responsible for ensuring compliance with regulations are also encouraged to take the course. Surveying for the EP requirements begins November 15th, 2017.

ACCESSING THE COURSE IS SIMPLE: When you navigate to the Integrated Surveyor Training Website (https://surveyortraining.cms.hhs.gov), click on "I am a Provider." Next, click on the

course catalog and **search for the Emergency Preparedness** course. You do not need a username and password when accessing the course through the provider link. If you need technical

assistance, please contact the CMS ISTW Help Desk at 1-855-791-8900 or cmstraininghelp@hendall.com.

If you require a better understanding (quick re-cap) of what the emergency preparedness rule is about, please access

the ASPR TRACIE https://asprtracie.s3.amazonaws.com/documents/cms-ep-rule-resources-at-your-fingertips.pdf.

We will be widely circulating this training opportunity to our partners and stake-holders, and we ask that you do the same.

Top of the Document

8. Survivor Health and Safety a Federal Family Focus after Hurricane Harvey

FOR IMMEDIATE RELEASE

Tuesday, September 5, 2017

Survivor Health and Safety a Federal Family Focus after Hurricane Harvey

Washington, **D.C.** – More than a week after Hurricane Harvey made landfall in Texas, all levels of government remain committed to life saving and safety needs across the affected areas. Priorities remain focused on the health and well-being of survivors as they begin the road to recovery.

The Department of Health and Human Services (HHS) is the lead federal coordinating agency to coordinate federal support activities of public health, health care facilities and coalitions, environmental health, behavioral health, and essential social service needs. HHS is working closely with the state of Texas as well as other federal, state, local, tribal and voluntary agencies to support local efforts to recover health care, public health, and social services functions in areas affected by Hurricane Harvey.

To support health and social services recovery, HHS and its partners will begin recovery impact assessments and will assist the state in finding solutions to meet the needs of



impacted communities and survivors. Common areas include persistent environmental health risks, such as mold and safety issues that can emerge in cleaning up debris; healthcare infrastructure needs such as long-term repair of healthcare facilities, clinics, and nursing homes; impacts on children and families, such as repair of child care centers and schools, and behavioral health in coping with personal and economic effects of disasters.

These efforts will build on work underway in the disaster response, including:

The **U.S. Department of Health and Human Services** continues to assist hospitals and other healthcare facilities, such as dialysis centers, and FDA regulated businesses, in reopening or in meeting the surge in demand for healthcare and social services.

- Secretary Tom Price, M.D., declared a <u>public health emergency</u> for Texas to provide flexibility and authority to help those who have been impacted by the storm.
- Centers for Medicare and Medicaid Services temporarily waived or modified certain Medicare, Medicaid and Children's Health Insurance Program (CHIP) requirements to provide immediate relief to those affected by the hurricane and flooding.
- HHS set up temporary care sites at the George R. Brown Convention Center in Houston and surrounding communities.
- The more than 1,000 HHS personnel from the <u>National Disaster Medical System</u> and the <u>U.S. Public Health Service</u> deployed with more than 460,000 pounds of medical equipment and supplies to provide medical care for Texans in affected areas.
- More than 1,000 local members of the HHS-sponsored Medical Reserve Corps (MRC) Program are volunteering in shelters, evacuation centers, call centers, and donation sites.
- HHS activated its **Disaster Distress Helpline**, a toll-free call center, available 24/7 at 1-800-985-5990. Since August 26, more than 1,100 people in Texas have called the helpline for assistance in coping with the behavioral health effects of the storm and to connect with local behavioral health professionals.
- Staff from the **Centers for Disease Control and Prevention** are widely distributing public health information related to carbon monoxide poisoning, flood water safety, generator safety, mental health, chemical hazards, evacuations & shelter safety, food and water safety, pet safety, injury prevention, and power outages. More information can be found at https://emergency.cdc.gov/han/han00406.asp.

The U.S. Department of Agriculture (USDA) is providing assistance through their Supplemental Nutrition Assistance Program (SNAP) and waiving some regulations to make food more accessible, especially to school children and seniors. The USDA has also made food available to the Salvation Army to prepare and serve 100,000 meals to disaster survivors.



- In addition, the USDA approved the state of Texas to designate schools not directly impacted by the Hurricane to serve as disaster organizations and shelters so that USDA foods can be used for congregate feeding, providing critical food assistance to those in need. All disaster affected schools are now able to provide meals to all students at no charge and be reimbursed at the free reimbursement rate through September 30.
- The Animal and Plant Health Inspection Service's (APHIS') Animal Care
 Program is supporting animal safety and well-being during disasters which is
 helping to ensure the safety and well-being of people affected by the disaster.
 APHIS currently has staff deployed to emergency operations centers in both Texas
 and Louisiana and has already helped make available 25 tons of pet food to meet
 needs in affected areas and ensure additional food is available as necessary.

The **U.S. Department of Education** activated its emergency response contact center and is supporting their K-12 and higher education stakeholders affected by Hurricane Harvey. The Department of Education has made informational resources available to impacted schools and school districts online at rems.ed.gov. Those seeking relief from department-based administrative requirements can contact the department toll-free at 1-844-348-4082 or by email at HarveyRelief@ed.gov.

The **Environmental Protection Agency** is working closely with local, state and federal responders, and is monitoring public water systems, securing waste sites, and supporting emergency response activities throughout the affected region.

 With many drinking water and wastewater facilities affected by the impacts of Harvey, EPA is providing resources for those seeking information about their drinking water. During an emergency, citizens under a boil water notice should follow the directions of their local water utility. Drinking water emergency response resources can be found at www.epa.gov/ground-water-and-drinking-water-emergency-response.

The Occupational Safety and Health Administration (OSHA) is helping employers keep their workers safe during cleanup and recovery operations by providing a number of resources.

 OSHA is actively engaged with the National Response Team and the interagency response to the hurricane and flooding. They are working with FEMA, the EPA, the Department of Homeland Security, and other federal agencies to coordinate strategies for the recovery.

The **U.S. Department of Veteran's Affairs** has activated a hotline through its **Health Resource Center (HRC)** to assist veterans impacted by Hurricane Harvey. HRC assists veterans in updating temporary or permanent addresses or phone numbers; providing facility's operational status; providing information on how to reschedule appointments or receive medical advice; and, offers veterans information on emergency prescription refills and additional emergency resources. The VA has also deployed mobile assets to assist



veterans affected by the storm. This includes:

- Mobile Medical Units providing primary care, mental health, social work and benefits services to Veterans affected by Hurricane Harvey. VA has five units currently located in Houston, Crosby, Silsbee, and Corpus Christi and is open to any veteran and family members.
- Mobile Vet Centers providing counseling services to veterans and the affected community.
- **Mobile Pharmacies** located in the Houston metropolitan area capable of delivering life-saving pharmaceuticals to veterans.
- Additionally, VA is using its telehealth capabilities with 170 iPads distributed throughout greater Houston and more than 65 staff devoted to current telehealth efforts focused on primary care, mental health and clinical pharmacist support.

For additional information about recovery resources in states affected by Hurricane Harvey, visit www.fema.gov/hurricane-harvey.

Top of the Document

9. TSP Changes Withdrawal Rules for Hurricane Harvey

Help for Hurricane Harvey Victims — (September 1, 2017) The TSP has made a temporary change to the financial hardship withdrawal rules for participants affected by Hurricane Harvey: As of September 1, 2017, we will treat any Financial Hardship In-Service Withdrawal Request as a qualifying hardship and will waive the rule prohibiting employee contributions for 6 months after taking a hardship withdrawal provided one of the following is true:

- 1. Your primary residence or place of employment is located in a <u>covered disaster area</u> and has incurred a loss as a result of Hurricane Harvey.
- 2. Your hardship withdrawal will be used to assist an eligible family member who lives or works in a covered disaster area and who has incurred a loss as a result of Hurricane Harvey.

IN ADDITION, you must also meet **all** of the following requirements:

- You must be actively employed as a federal civilian or a member of the uniformed services.
- You must complete Form TSP-76, Financial Hardship In-Service Withdrawal Request.
- You must write "Hurricane Harvey" at the top of page 1 above the name of the form.
- You must check the "Personal Casualty Loss" box on page 2, Item 18 of your request form, as the reason for requesting financial hardship.
- Your request must be received in our office by January 24, 2018 and, in compliance with IRS guidelines, your distribution must occur before January 31, 2018. Any Financial Hardship In-Service Withdrawal Request forms received after January 24, 2018 will be processed as a standard hardship withdrawal, and your TSP contributions will automatically stop for 6 months.

If you want to stop your TSP contributions, complete Form TSP-1, Lection Form (Form TSP-U-1) for uniformed services) or use your agency or service's automated system.

This rule change is not retroactive and all other Form TSP-76 rules apply. Participants may only receive one hardship withdrawal under this change. If you have questions about this change, call the toll-free ThriftLine at 1-877-968-3778. Outside the U.S. and Canada, please call 404-233-4400 (not toll free).



Top of the Document

10. Small Business Administration Information

Experts say Hurricane Harvey will pose one of the longest and costliest post-disaster rebuilding efforts in U.S. history. If you're a homeowner, renter or business owner facing the overwhelming task of cleaning up water-logged debris and starting over again, I'd like to share these first steps that are important in making your recovery a little easier:

- Register for federal assistance with FEMA online at <u>DisasterAssistance.gov</u>, or call FEMA at 1-800-621-FEMA (3362). This gets you quickly connected with a variety of recovery resources available from our federal partners, which includes housing assistance, grants and SBA disaster loans.
- Contact your insurance agent as soon as possible. <u>The Insurance Information Institute</u> has tips on how to settle insurance claims after a disaster.
- Check out <u>SBA's Hurricane Harvey page</u>, where you can get information about how to apply for lowinterest disaster loans for homeowners, renters, businesses of all sizes, and private nonprofit organizations.
- The SBA is offering loan deferments on existing loans to businesses and individuals in the counties affected by Hurricane Harvey. Read this policy notice for more details.
- **Beware of scams!** If someone tells you they'll help with your SBA disaster loan application or other forms of federal recovery assistance "for a small fee," they're running a scam. Federal assistance programs are available to the public at no cost. Ask for identification. Protect yourself from fraudulent building contractors by asking for appropriate licenses and local references.

Now the real work begins. The SBA is committed to standing by Gulf Coast residents and businesses for the long haul. We are committee to restoring the local economy over the long term and laying a strong foundation for future growth.

Top of the Document

11.DFW FEB UPDATE

FYI Info for all on the progress in Houston, Texas:

Critical Infrastructure:

- Airports:
 - Jack Brooks Regional (BPT) closed except for emergency and humanitarian aid;
 will remain closed until September 5;
 - Texas Gulf Coast Regional (LBX) Closed except for relief aircraft; restricted flights until September 8 due to flooding.
 - Houston Executive (TME) Restricted operations; two hour prior permission required due to military operations
- Ports: Upper Houston Shipping Channel above Mitchells Point/Baytown Highlines closed to ship traffic but open to tug and barge tow traffic Port of Victoria open with restrictions P



Roads:

- Beaumont, TX area continues to experience widespread flooding impacting almost all major and minor routes in the area Most major highways in the Houston area have reopened with the following exceptions (greatest impacts now in the areas southwest of Houston):
- I-10 is closed in both directions east of Beaumont to the LA state line and between Mile Post (MP) 854 and MP 860 east of Houston due to flooding
- Sam Houston Tollway (SL 8) is closed in both directions between IH-10 and Westheimer and Texas State Highway 6 is closed north and southbound between Clay Road and IH-10, both due to high water
- TX-87 is closed due to wash-out (structural damage), and may take longer to reopen than other roads Northbound US-96 is closed over Village Creek Relief in Lumberton, TX
- Power Outages: 64,308 outages in TX
- Communications: 102,617 landline consumers out of service
- Oil and Natural Gas: Eight of ten previously closed refineries are in process of restarting, four are operating at reduced rates, no refineries have returned to normal rates
- Water: 1,656 (67%) of approximately 2,469 wastewater treatment plants are fully operational in the affected counties
- Beaumont's wastewater treatment plant is fully operational and running; all units are being powered by generator and fully functional; city is focusing majority of its resources on drinking water issues; drinking water plant expected to take more than a week before being fully capable of meeting demand and lifting the boil notice
- Currently, properly identified FEMA representatives are going door-to-door in an area of
 east Houston near the Trinity and Houston Gardens community to register residents for
 disaster assistance. You can still register at www.disasterassistance.gov or by
 calling 800-621-3362.
- Two of Houston Water's <u>wastewater treatment plants</u> in west Houston (West District and Turkey Creek) which provide sanitary sewer service to zip codes: 77024, 77041, 77043, 77055, 77077, 77079, 77080, and 77094, remain flooded in up to 8 feet of water as of **Monday, Sept. 4, at 7 p.m.** Wastewater is water that goes down the drain and into the sanitary sewer system. In homes this includes water from sinks, showers, bathtubs, toilets, washing machines and dishwashers. Houston Water is asking the community in the impacted areas to please help conserve wastewater to avoid sanitary sewer backups.
- A few ways to help conserve wastewater include minimizing laundry use, taking shorter showers, not running the dishwasher, and flushing the toilet a little less. Houston Water crews and partners in the Energy Corridor are working together to try to restore the wastewater treatment plants as quickly as possible. The City of Houston's drinking water remains SAFE; this includes the tap water that comes out of the faucet.
- Free legal help for Hurricane Harvey survivors. Call the State Bar of Texas Disaster Helpline at 800-504-7030 or visit texasbar.com/disasters for more information
- Due to extensive damage sustained by Hurricane Harvey, the Downtown Herbert W. Gee Municipal Courthouse (Central Municipal Courts Building), located at 1400 Lubbock



will be closed until further notice. The Municipal Courts Department (MCD) will open all of it's 5 satellite locations TOMORROW (Tuesday, September 5) for resets, walk-ins, and payments. For additional information regarding options available online, visit http://www.houstontx.gov/courts/, or call 311. Court Documents may also be submitted via the U.S. postal service. Any defendant who missed court due to Hurricane Harvey from August 26, 2017 through September 5, 2017 will have until 5 p.m. on Friday, September 29, 2017 to come in person to reset their case. As always, anyone with a future court date may come in person to any Municipal Court location before their court date to request a reset. Also, there will not be any arraignments, trials or jury service until further notice.

- Those in westside evacuation zone: If you don't have water in your home and are without power, please call CenterPoint Energy 713-207-2222.
- Houston Office of Emergency Management: Solid waste crews are busy removing curbside debris & need vehicles removed from the street so they can get large haulers to people's homes.
- TX Dept of Insurance has revealed another scam: An Inspector claims to be from FEMA then tries to charge you. FEMA DOES NOT CHARGE FOR INSPECTIONS!
- Harris County wants everyone to know that FEMA has no business re-entry list. Before attempting to enter a disaster-impacted area, check with local officials.
- Good news for those who need FEMA assistance FEMA is now set up in the Community Center (2407 Market St, Baytown).
- Opportunity to pose questions to clarify assistance programs, if they are not clear
 or you have specific questions concerning benefits available to you. Please
 share these questions with your agency leader who will collect them and pass to
 the Federal Executive Board.
- FEMA ASSISTANCE
 - o Register online at <u>www.DisasterAssistance.gov</u>. If you are unable to access the internet, call <u>1-800-621-3362</u>.
 - o Download the <u>FEMA Mobile App</u> to receive alerts from the National Weather Service, get safety and survival tips, customize your emergency checklist, and find your local shelter.

FOOD ASSISTANCE

 For a list of food pantries and other food assistance, contact the Houston Food Bank at www.houstonfoodbank.org/services/if-you-need-food, or call 832-369-9390.

o For disaster food stamp benefits, reach the Disaster Supplemental Nutrition Assistance Program (DSNAP) at 1-877-541-7905.

CITY OF HOUSTON 311 HELP AND INFORMATION LINE

Phone: 311 or 713-837-0311

City TDD: 713-837-0215

Email: 311@houstontx.gov

Website: www.houstontx.gov/311/



To request information about:

- o Food assistance
- Water safety concerns
- o Referrals to shelters
- Heat emergencies
- Trash pickup schedules
- Evacuation registration
- o City curfew

To report:

- oFlood damage to your home
- o Flood hazards
- o Illegal dumping
- o Traffic signal outage
- o Potholes
- Landlords are encouraged to join Harris County's Free Listing Service to Help Harvey
 Survivors. The Harris County Housing and Community Resource Center is a free
 marketing service to all Landlords. They are invited to sign up property today and update
 it regularly with specific information about rental units available. This is particularly
 helpful at this time for those displaced by Harvey wishing to do a customized search. If
 you have any special offers for Harvey survivors, you may indicate it. For those
 SEEKING rental property, please go to: http://www.housingandcommunityresources.net/
- Harris County wants to remind you that whether your yard got a little wet or you
 had flood water in your home, be SMART about cleaning up the mess. Wear
 gloves and dispose of items that cannot be thoroughly cleaned. Work with
 someone else when using a ladder or other equipment. Get rid of standing water
 where possible. Recover SAFELY and stay HEALTHY.
- METRO opens most HOV/HOT Lanes Tuesday. All Park and Ride facilities will also be operational Tuesday.
- Texas Department of Insurance has their Help Line open 8-5 this weekend and Labor Day to help with your insurance questions. 1-800-252-3439
- The Texas Department of Agriculture has a website and phone line set up with information regarding hay and feed for livestock. The phone line and website is for producers in need of feed/hay, as well as for people wanting to donate feed/hay. Feel free to pass it on to anyone inquiring information about livestock feed. https://www.texasagriculture.gov/Home/ProductionAgriculture/HayHotline
- Hay Hotline: (512) 463-9360
 Email: <u>HayHotline@TexasAgriculture.gov</u> Reports of missing livestock, deceased livestock are coming into the various State Ag related agencies.

 Producers can call <u>800-242-7820</u> to report lost or found livestock. Plans are underway by these agencies to establish an Animal Response ICP in the field but



- will wait a few days to determine the best location. Field assessments will begin in a day or two once it is safe.
- Under State law, Houston Mayor has issued a mandatory evacuation order for about 4,700 homes already flooded by water in west Houston. The limited mandatory evacuation has been issued ONLY for flooded homes in the following areas: From State Highway 6 east to South Gessner, from I_10/Katy Freeway south to Briar Forest. If you live in the impacted area and hae water in your home, you are being asked to evacuate as soon as possible. CenterPoint Energy will begin disconnecting power to the flooded homes beginning at 7 a.m., Sunday (today).
- President Donald J. Trump today made additional disaster assistance available
 to the state of Texas by authorizing an increase in federal funding for certain
 eligible costs. The President's action today authorizes 90 percent Federal cost
 share for debris removal, including direct Federal assistance; and a 100 percent
 Federal cost share for emergency protective measures, including direct Federal
 assistance, for 30 days from the start of the incident period, and then a 90
 percent Federal cost share thereafter. Under the President's major disaster
 declaration issued for the state of Texas on August 25, 2017, federal funding was
 made available for Public Assistance, Hazard Mitigation, and Other Needs
 Assistance Programs at 75 percent federal funding of total eligible costs.
- The City of Houston Solid Waste Management Department is asking residents to remove all parked vehicles from the streets when debris crews are working in your neighborhood. Debris should be placed close to the side of the road away from mailboxes, trees, meters, fire hydrants and other structures. Please do not place debris in the roadway. If debris crews are unable to pass safely along the streets, they will not be able to remove your debris.
- The Houston Health Department today (Sept. 2) opened four Women, Infants and Children (WIC) sites dedicated to help people affected by Harvey's unprecedented flooding. The sites will begin registering pregnant women, women who recently had a child, infants and children under the age 5 for WIC benefits at the shelter set up at the George R. Brown Convention Center and Walmart stores at 111 Yale Street, 11210 W. Airport and 9460 W. Sam Houston Parkway. Hours of operations are 9 a.m. to 5 p.m. WIC clients who evacuated and left behind their WIC card, food or formula benefits can replace the items by going to an open WIC clinic.
- Houston Health Department testing water from private wells in 17 area counties impacted by Harvey, call 832-393-3939 for info.
- Cleaning up after Harvey won't disqualify you from disaster assistance, but it's important to keep these tips in mind: 1)Take photos of the damage to your home & belongings before you clean up. 2)Make a list of damaged/lost items & gather any original receipts you have for those items. 3)Save all receipts for repairs, cleanup & disaster-related costs.



- EZTAG lanes continue to be free of charge on all HCTRA roads until further notice. Follow the green arrows thru the non-stop #EZTAG lanes.
- Not necessarily helpful, but interesting. Houston's 2017 rainfall total is 70.82 inches (38.8 inches above normal). The highest recorded was 72.86 inches in 1900.
- Emergency Leave Transfer Program is warranted: Agencies with employees adversely affected by Hurricane Harvey are in the best position to determine whether, and how much, donated annual leave is needed by their employees and which of their employees have been adversely affected by the emergency within the meaning of OPM regulations. Agencies are responsible for administering the ELTP for their own affected employees. Therefore, employees who wish to donate annual leave must contact their own agencies, not OPM, to determine if there are any affected employees in their agency and how to donate annual leave to them.
 - Sheltering and Immediate Assistance Available after Hurricane Harvey https://www.fema.gov/news-release/2017/08/30/sheltering-and-immediate-assistance-available-after-hurricane-harvey
 - Know of a resident in a shelter that needs a sign language interpreter? contact the Harvey Interpreter Hotline tel:281-845-4443
 - FLOOD TIP: disinfect items that touch floodwaters: 1 cup bleach/5 gallons CLEAN water. Trash whatever can't be washed.
 - FAA warns drone operators that flying an unauthorized drone could interfere with local, state and
 federal rescue and recovery missions. You could be subject to significant fines if you interfere with
 emergency response operations. <u>Flying a drone</u> without authorization in or near the disaster area
 may violate federal, state, or local laws and ordinances, even if a TFR is not in place. Allow first
 responders to save lives and property without interference.
 - US Office of Personnel Management is permitting solicitation of charitable contributions outside the CFC for organizations assisting those impacted by Hurricane Harvey (details sent in separate email). See your agency for guidance.
 - Floating colonies of fire ants (as many as 500,000 in a group) are banding together to stay afloat in flood-wracked Houston; they bite! So be aware of your surroundings when wading through flooded areas.
 - With its app working in Houston again, Uber offers free rides to and from shelters (up to \$50 per trip). Thank you!
 - People in the Iverness Forest Subdivision are urged to boil their water due to possible contamination from flooding; this includes water for pets, and any other use. (Harris County OEM)
 - City of Houston Health Dept has coordinated an emergency preparedness cookbook helps turn your emergency food supply into life-saving meals. It is available in 6 languages. English: http://www.houstontx.gov/health/OSPHP/English_cookbook.pdf
 - A hurricane-specific resource collection is offered through the Disaster Behavioral Health Information Series
 (DBHIS) from the SAMHSA Disaster Technical Assistance Center (DTAC). A flood-specific resource
 collection is also available. Learn more about floods and emotional distress (help/disaster-distress-helpline/disaster-types/floods). SAMHSA also offers the following tip sheets on coping, stress, and trauma after hurricanes and other disasters (https://www.samhsa.gov/dbhis-collections/disaster-specific-resources?term=Hurricane-DBHIS):
 - o Tips for Talking With and Helping Children and Youth Cope After a Disaster or Traumatic Event: A Guide for Parents, Caregivers, and Teachers − 2012 covers signs of stress reactions in different age groups and how to help. https://store.samhsa.gov/product/Tips-for-Talking-With-and-Helping-Children-and-Youth-Cope-After-a-Disaster-or-Traumatic-Event-A-Guide-for-Parents-Caregivers-and-Teachers/SMA12-4732
 - o Tips for Disaster Responders: Preventing and Managing Stress − 2014 includes strategies to help disaster responders prevent and manage stress during assignments. This tip sheet is also available in Spanish. https://store.samhsa.gov/product/Preventing-and-Managing-Stress/SMA14-4873
 - Tips for Survivors of a Disaster or Other Traumatic Event: Managing Stress 2013 discusses stressrelief strategies and when to seek professional help. This tip sheet is also available in Spanish. https://store.samhsa.gov/shin/content/SMA13-4776/SMA13-4776.pdf
 - City of Houston: Curfew in Effect from Midnight 5am until Further Notice
 - Veterans needing prescriptions filled: present to CVS or HEB with your VA ID card & prescription bottle ask the pharmacist to call Heritage Health Solutions 866-265-0124, Mon-Fri, 7:00 a.m.-9:00 p.m., Saturday 10:00



- a.m.-3:00 p.m. Representative will qualify the request by asking a few questions. No controlled medications will be processed. If you have a controlled medication needing refilled, contact your provider or call the Telecare Pharmacy, 800-639-5137 Mon-Fri 7:30 a.m. -4:00 p.m.
- There are disturbing reports that people impersonating Homeland Security Investigations (HSI) special agents are knocking on doors in the Houston area telling residents to evacuate -- presumably so these imposters can rob the empty homes. Real HSI officials wear badges that are labeled "special agent," which members of the public can ask to see and verify. ICE officers with Enforcement and Removal Operations (ERO) also wear badges labeled with ERO Officer. They also carry credentials with their name and organization. Members of the public who receive such visitors should ask to see these properly labeled badges, and their credentials. Houston Office of Emergency Management warns, *To report suspicious activity or individuals you believe are impersonating ICE officials, members of the public should immediately contact ICE toll free at* 866-347-2423.
- Harris County District Attorney released a statement saying that looters will face more time for crimes committed in a disaster area!
- Oklahoma's OG&E just sent a fleet of trucks and linemen toward Houston to assist with power restoration! (guess we're connected in a few ways)
- When in doubt, throw it out: Throw all foods that were contaminated or came in contact with floodwaters.
- If anyone needs high ground for horses, there is a private individual offering to allow pasture access with the invite that if you want to stay with your horses, you can bring a trailer. They are 3-1/2 hrs north and only want mares and geldings. I would suggest you strenuously vet someone you don't know! Some people just want to help, others have other motives. This is provided for you to determine: 936-201-6642 Ralph & Tamara Hampton.
- Lost Dogs of Texas is maintaining several active Facebook pages documenting pets they've found amid the storm. Here is some information (with photos included) on animals found Coast Bend area at: https://www.facebook.com/TexasHurricaneHarveyPets/ and those in the Houston area at https://www.facebook.com/HurricaneHarveyLostAndFoundPetsHouston/.
- CDC source: Hurricane-related and emergency response materials regarding mold.
 - O Mold Prevention Strategies and Possible Health Effects in the Aftermath of Hurricanes and Major Floods. MMWR June 9, 2006; 55(RR08):1-27. How to limit exposure to mold and identify and prevent mold-related health effects after major hurricanes and floods.
 - Mold After a Disaster FAQs and Emergency Preparedness and Response resources for flood-damaged homes
 - Health Concerns Associated with Mold in Water-Damaged Homes After Hurricanes Katrina and Rita
 New Orleans Area, Louisiana, October 2005. MMWR January 20, 006;55(02):41-44. Report: Hurricanes Katrina and Rita caused extensive mold damage in buildings. PDF[541 KB]
 - Population-Specific Recommendations for Protection From Exposure to Mold in Buildings Flooded
 After Hurricanes Katrina and Rita, by Specific Activity and Risk Factor[PDF 156 KB] Guidelines
 and chart showing how people particularly sensitive to mold can protect themselves.
- State of Texas source: In addition to the Federal Agencies' Employeee Assistance Program (EAP) Coordinators (who can be accessed at https://www.opm.gov/cclcontact/), the Texas Dept of State Health offers the following: It is normal to experience different and strong emotions during and after a disaster:
 - OStress, anxiety, and other depression-like symptoms are common reactions.
 - Get help by calling 2-1-1 and selecting option 8, or visiting www.211texas.org.
 - Text with a counselor by texting HOME to 741741.
 - o Find more mental health resources and information.
- Abandoned vehicles were towed (if they were scooped up before covered with water. Any employees who had vehicles towed can visit http://findmytowedcar.com or call 713.308.8580
- Please report storm damage to 3-1-1 (through their app, website: Houston311.org, or call 311)
- Transtar wants to remind everyone to NOT rely on your traffic app to tell you which roads are clear. Harris County has found numerous motorists led astray by this means.
- FEEA offers disaster relief grants to eligible federal employees when these disasters strike. Grant application package is at: https://feea.org/wp-content/uploads/2017/08/grant_app_package_8-17.pdf

From the City of Houston Emergency Information Center

For emergencies call 911.

For non-emergencies call HPD at 713-884-3131.



LOCATE LOVED ONES: To find family or friends or to register yourself as safe, visit the <u>@redcross</u> Safe & Well site: <u>https://safeandwell.communityos.org/cms/</u>.

FATALITIES

- The Harris County Institute of Forensic Sciences is maintaining a list of Hurricane Harvey-related deaths. Visit their website at https://ifs.harriscountytx.gov/Pages/MissingPersons.aspx to check the list.
- To report the location of a body, call 911. Please do not attempt to move or disturb the body in any way.

HEALTH INFORMATION

The Houston Health Department urges people impacted by Harvey flooding to take steps to stay safe and healthy. Good hygiene and food safety are of utmost importance:

- Practice good hygiene such as handwashing after any contact with floodwaters. Wash children's hands frequently, especially before meals.
- Do not allow children to play in floodwater areas.
- Do not eat any food that was in contact with floodwaters.

People who experienced flooding but are now able to enter their homes safely can begin cleaning and sanitizing their homes.

- If rain or floodwaters got into your home, take steps to prevent mold growth. First, wash surfaces with soap and warm clean water to remove dirt and debris. Next, sanitize surfaces with household bleach. Clean it with a solution of 1 cup household liquid bleach per 5 gallons of water. Remember:
- Keep children and pets out of the affected area until cleanup has been completed.
- Remove and discard items that cannot be washed and disinfected (such as, mattresses, carpeting, carpet padding, rugs, upholstered furniture, cosmetics, stuffed animals, baby toys, pillows, foam-rubber items, books, wall coverings, and most paper products).
- Remove and discard drywall and insulation that has been contaminated with sewage or flood waters.
- Thoroughly clean all hard surfaces (such as flooring, concrete, molding, wood and metal furniture, countertops, appliances, sinks, and other plumbing fixtures) with hot water and laundry or dish detergent.
- Help the drying process by using fans, air conditioning units, and dehumidifiers.

STORM DEBRIS COLLECTION

Storm debris will be collected on an ongoing basis until further notice. Please place debris at the curb separated into the following piles:

- Leaves, logs, plants, tree branches (do not bag).
- Construction & demolition material carpet, drywall, furniture, lumber, mattresses
- Appliances dishwashers, freezers, refrigerators, stoves, washers, dryers, water heaters
- Electronics computers, radios, stereos, televisions, other devices with a cord.
- Household Hazardous Waste cleaning supplies, batteries, lawn chemical, oils, oil-based paints, stains and pesticide

Neighborhood Depositories

Neighborhood depositories will be open 7-days a week from 10 a.m. - 7 p.m. until further notice.

• North - 9003 N Main 77022



- Northwest 14400 Sommermeyer 77041
- Northeast 5565 Kirkpatrick 77028
- Southeast 2240 Central Street 77017
- South 5100 Sunbeam 77033
- Southwest 10785 SW Freeway 77074

No household garbage, electronics or household hazardous waste is accepted at the neighborhood depository locations. No pets are allowed on the premises.

Customers must provide the following at the Neighborhood Depository Locations*:

- A current Texas Driver's license or State Issued I.D.
- A current utility bill or city property tax receipt.
- * Addresses and names on all presented documents must match and electronic records are NOT accepted. No proof of residency is required for recycling only.

Garbage Collection Schedule

Normal collection services will resume on the schedule as follows:

- Thurs., Aug. 31, 2017 normal collection schedule
- Friday, Sept. 1, 2017 normal collection schedule
- Mon., Sept. 4, 2017 no collection for Labor Day
- Tues., Sept. 5, 2017 Monday's garbage will be collected
- Wed., Sept. 6, 2017 Tuesday's garbage will be collected
- Thurs., Sept. 7, 2017 normal garbage schedule resumes

Recycling Collection

Curbside single stream recycling collection will be suspended until further notice. Customers may bring recyclables to neighborhood depository locations or the Westpark Recycling Center located at 5900 Westpark, Mon.-Sat., 8 a.m. -5 p.m. Closed Sept. 4 for Labor Day.

Yard, Junk, And Tree Waste Collection

Yard, junk, and tree waste collections will be suspended until further notice due to the need of extra personnel for debris collection related to disaster recovery.

For more information, visit www.HoustonSolidWaste.org or call 3-1-1.

CONSUMER PROTECTION

Be cautious of those in the criminal element who are trying to feed on the misfortune of others.

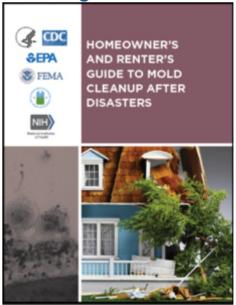
- To report price gouging, suspected contractor scams and other types of consumer exploitation, contact the Texas Attorney General at consumeremergency@oag.texas.gov or call 800-621-0508.
- To verify organizations requesting donations for Hurricane Harvey relief, visit either the Texas Voluntary
 Organizations Active in Disaster website for a list of vetted disaster relief organizations
 at https://txvoad.communityos.org/cms/node/104 or the National Voluntary Organizations Active in
 Disaster website at https://www.nvoad.org.

Top of the Document



Hurricane Harvey has affected many lives and caused severe damage in the United States. Please share the following information with those who may find it useful.

Returning Home After the Storm



Be sure to wait to return home until authorities say it is safe to do so. Returning to your home after the storm can present a whole new set of dangers, including downed power lines, flooded roads, and the difficult work of cleaning up. When returning to a home that's been flooded after natural disasters such as hurricanes and floods, be aware that your house may be contaminated with mold or sewage, which can cause health risks for your family.

Click the image or <u>here</u> to review the "Homeowner's and Renter's Guide to Mold Cleanup After Disasters".

Additional resources about returning home after a disaster can be found here:

Reentering your flooded home

Flood water after a disaster

Clean up safely after a disaster



Turn Around, Don't Drown®





It takes just 12 inches of flowing water to carry off a small car and 18 to 24 inches for larger vehicles. Over half of all flood-related drownings happen when a vehicle is driven into hazardous flood water. People underestimate the force and power of water. If you see a flooded road, turn around, don't drown!

Stay Safe and Healthy

It's important to remember that the danger isn't over when the storm ends. Get tips for how to keep your family safe after a hurricane.



Keep food and water safe

Prevent carbon monoxide poisoning

Prevent illness and injury

Use Generators Safely to Avoid Carbon Monoxide Poisoning



WHEN THE POWER GOES OUT. **KEEP YOUR GENERATOR OUTSIDE**

Portable back-up generators produce the poison gas carbon monoxide (CO). CO is an odorless, colorless gas that kills without warning. It claims the lives of hundreds of people every year and makes thousands more ill. Follow these steps to keep your family safe.

PORTABLE GENERATORS

- ✓ Never use a generator inside your home or garage, even if doors and windows are open.
- ✓ Only use generators outside, more than 20 feet away from your home, doors, and windows.

CO DETECTORS

- ✓ Install battery-operated or battery back-up CO detectors near every sleeping area in your home.
- Check CO detectors regularly to be sure they are functioning properly.

CARBON MONOXIDE (CO) **POISONING**









Carbon monoxide is an odorless, colorless gas. Generator use is a major cause of carbon monoxide poisoning. Generators should only be used in well ventilated areas because carbon monoxide can build up indoors and poison people and animals who breathe it.

Click the image or here to read tips on how to use your generators safely to avoid carbon monoxide poisoning.

Protect Yourself & Loved Ones



Be prepared to cope with feelings of fear, grief and depression after Hurricane Harvey.

The Disaster Distress Helpline provides 24/7, year-round crisis counseling and support. Call 1-800-985-5990 (TTY for deaf/hearing impaired: 1-800-846-8517) or text TalkWithUs to 66746.

Click the links below to see how you can prepare and plan in order to protect those you love during emergencies.

- Older Adults
- Children
- People with Disabilities
- People with Chronic Conditions



- Evacuees
- Pregnant Women
- Pets

Contact Us

Email: EmergencyPartners@cdc.gov

Centers for Disease Control and Prevention 1600 Clifton Rd, Mail stop D-75 Atlanta, GA 30333

Questions?

Contact CDC-INFO

800-CDC-INFO (800-232-4636) TTY: 888-232-6348



Top of the Document

13. Texas Announces Food Benefits for Victims of Hurricane Harvey

Texas today announced it is providing a surge of food benefits to Supplemental Nutrition Assistance Program recipients in the 58 counties included in the State Disaster Declaration following Hurricane Harvey.

SNAP recipients in the affected counties will see their September benefits automatically loaded today, Sept. 1, onto their Lone Star Cards. Normally benefits are staggered among recipients throughout the first half of the month. With this change, Texas will issue \$160 million in benefits early to more than 600,000 SNAP households in counties affected by Hurricane Harvey.

Saturday, Sept. 2, SNAP recipients in the affected counties will see a percentage of their August benefits automatically added to their Lone Star Cards to replace food that was lost during the storm. With this change, Texas will issue replacement benefits to more than 716,000 SNAP households in the affected counties.

There is no action required by the recipient to receive either of these additional benefits. Both are the result of federal approval of waivers requested by the Texas Health and Human Services Commission from USDA Food and Nutrition Service following Hurricane Harvey.



"This is an unprecedented disaster. We're doing everything we can for Texans and members of our own HHS family who were affected by this terrible storm. Our staff are working fast to roll the benefits out to people in need," said Texas Health and Human Services Executive Commissioner Charles Smith. "Texans dealing with the aftermath of Harvey need access to food benefits to replace what they lost in the storm."

To ensure food benefits are continued seamlessly for those impacted by the storm, Texas also requested and received federal approval to automatically extend benefits for six months for certain recipients who were up for renewal in the affected areas. No action is needed by the recipient.

To provide additional support to SNAP recipients who were evacuated or are unable to prepare foods as a result of the storm, Texas previously requested and received federal approval to allow the purchase of hot foods with SNAP benefits through Sept. 30. SNAP recipients can now use their benefits for hot foods and ready-to-eat foods, such as rotisserie chicken or grocery store deli foods at retailers that accept SNAP anywhere in the state. HHSC quickly made requests for these actions following Hurricane Harvey and reports of food lost during power outages and flooding caused by the storm.

Texas also is continuing discussions with the federal government about the possibility of a Disaster-SNAP waiver that would offer short-term food assistance benefits to eligible families recovering after they return home following the disaster. D-SNAP benefits would be available in a phased approach in the coming weeks to eligible people who are not currently receiving SNAP and are residents of one of the counties that have a federal disaster declaration.

Recipients are encouraged to use YourTexasBenefits.com or the Your Texas Benefits mobile app to manage and view benefit information and to update HHSC of any address changes. Recipients also are encouraged to sign up for electronic notices to stay informed about their cases.

To check benefit amounts, recipients can visit YourTexasBenefits.com or call the Lone Star Help Desk at 1-800-777-7EBT (1-800-777-7328).

For more information about benefits, go to YourTexasBenefits.com, or dial 2-1-1 or 1-877-541-7905.

Top of the Document

14. **N**EWS

STATE AND REGIONAL NEWS



PRICE DISCUSSES HHS' HARVEY RELIEF, RECOVERY EFFORTS DURING INTERVIEWS. Dr. Marc Siegel writes in a Fox News (9/6, 12.87M) op-ed that when President Trump said Hurricane Harvey was a natural disaster and HHS Secretary Tom Price subsequently declared a public health emergency, "they initiated a coordinated federal, state and local health care response that has likely saved thousands of lives." Siegel says during an interview last week, Price "emphasized that responders are facing everything from a shortage of potable water to floodwater contamination with chemicals and bacteria, from mosquito-borne illnesses like West Nile virus and Zika to black mold, which can worsen asthma, emphysema and allergies." Price explained that HHS' "operations center is open 24/7, 365 days a year, and it is currently tracking hospital, shelter and dialysis centers to determine which remain open and which are closed." Price added, "The challenge in this storm is, because of the incredible flooding that has occurred, is getting the resources to the individual, so the pharmaceutical supplies are available." Siegel also states that Dr. Robert Kadlec, assistant HHS secretary for preparedness and response, "was confirmed just in time for the storm, and he has

played a crucial role in moving the lifesaving chess pieces around."

TIME (9/6, Dias, 5.85M) reports now that the floodwaters are receding "in Houston, the focus has turned from emergency response to cleanup and recovery." Last week, Price visited Texas with President Trump. Price intends "to go again in the coming weeks. He's also looking ahead to the federal response to Hurricane Irma, which is headed toward Puerto Rico and Southern Florida." The article also discusses the Secretary's Operations Center or SOC, which "serves as the HHS hurricane nerve center, where Price is briefed twice a day on the emergency and recovery efforts." Price described the work that HHS is doing, saying, "Obviously the first phase is the redeployment to get ready for the storm, and then it's the rescue and life-saving activities, and then it is the recovery activities, and part of the recovery activity, especially with a storm of this degree, is what to do with the standing water that remains, and then what to do with everything that was affected by the flooding which is a massive area."

TEXAS DEPARTMENT OF INSURANCE IMPLORES INSURERS TO RELAX RESTRICTIONS ON COVERAGE FOR HARVEY VICTIMS. The Houston Chronicle (9/6, Deam, 1.97M) reports the Texas Department of Insurance is imploring health insurers to relax restrictions on coverage for beneficiaries impacted by Hurricane Harvey who have already sought or may be in need of treatment. The department has recommended insurers "cover out-of-network care...by waiving penalties and restrictions and not denying payments based on whether a doctor or counselor is in network," and is requesting insurers "access care 'without jumping through the standard hoops." According to department spokesman Ben Gonzalez, "We're not expecting anyone to do anything wrong. ... We're expecting them to do the right thing."

HEALTH OFFICIALS INVESTIGATING APPEARANCE OF MERCURY ON TEXAS COAST IN HARVEY AFTERMATH. The New York Times (9/6, Healy, Kaplan, Subscription Publication, 13.56M) reports that east of Houston, Texas, public health officials are investigating the source of liquid mercury found washed or blown ashore in the aftermath of Hurricane Harvey. Officials are concerned especially by "flooding at highly contaminated Superfund sites, designated by the federal government for clean up." Some health experts speculate the poison could have emanated from the San Jacinto Waste Pits, one such "Superfund site that was inundated during last week's storm." According to the National Institute of Environmental Health Sciences, the neurotoxin is highly dangerous, "with a few drops generating enough fumes to contaminate the air in a room."

HOSPITAL EVACUATION DURING HARVEY REQUIRED EXTENSIVE COORDINATION. The New York Times (9/6, Fink, Burton, Subscription Publication, 13.56M) reports that 243 patients were evacuated from Baptist Beaumont hospital last Thursday and Friday as a result of Hurricane Harvey. The article details the "vast logistical effort" of conducting the evacuation, which involved matching patients to available hospitals and coordinating transportation via "ambulances and emergency service crews contributed by fire departments around the state."



KAISER PERMANENTE, OHIOHEALTH CONTRIBUTE TO HARVEY RELIEF EFFORTS. Fierce Healthcare (9/6, Minemyer, 146K) reports on contributions made by organizations around the US to help Houston's storm recovery process. The article says Kaiser Permanente announced a donation of \$1 million for Hurricane Harvey relief efforts, split evenly between the American Red Cross and Mental Health America of Houston. Additionally, "nine laboratory technicians from OhioHealth...flew to Houston to aid" recovery efforts. OhioHealth "is a member of the MD Anderson Cancer Network, and its lab techs were able to provide the specialized expertise needed to support MD Anderson." The article adds that area hospitals continue to face the strains of an influx of patients and overworked staff.

Top of the Document

15.CMS WAIVES PROVIDER SCREENING REQUIREMENTS IN TX, LA DURING HURRICANE HARVEY RECOVERY EFFORTS

The Centers for Medicare & Medicaid Services (CMS) today approved suspending certain Medicare enrollment screening requirements for healthcare providers and suppliers that are assisting with Hurricane Harvey recovery efforts in areas impacted in Texas and Louisiana.

CMS Administrator Seema Verma said the agency has established a hotline for healthcare providers in the two impacted states to enroll in the federal health programs and receive temporary Medicare billing privileges.

Verma said: "This is an unprecedented opportunity to work with health care providers to put our patients and people with Medicare benefits first. While we have heard from providers in these states that are willing and able to help, we know that by temporarily relaxing these and other Medicare provider and supplier enrollment requirements, we can make the services of skilled professionals more readily available to those in need., We are working to ensure that doctors, facilities, suppliers and their teams are in place to help those impacted by damage from Hurricane Harvey."

<u>The new toll free Hotline Telephone Number:</u> 1-855-247-8428 **Hours of Operation:** 8:00 AM – 6:00 PM ET

Under its waiver authorities CMS established a toll-free hotline servicing Medicare's Part B providers and suppliers in Texas and Louisiana. The hotline is intended for non-certified Part B providers and other practitioners to initiate provisional temporary Medicare billing privileges. Novitas Solutions, a Medicare Administrative Contractor (MAC), will work to assist providers in both states to temporarily enroll health care providers. To assist in this effort CMS is waiving the following enrollment requirements:

- 1. Payment of the application fee (42 C.F.R 424.514)
- 2. Finger print based criminal background checks (FCBC- 42 C.F.R Section 424.518)
- 3. Site visits (42 C.F.R Section 424.510)
- 4. In-state licensure requirements (42 C.F.R Section 424.510)



Verma said that beginning Monday, Sept.11, 2017, providers will be able to initiate temporary Medicare billing privileges over-the-phone and on the same day. Anyone calling today (Thursday, Sept. 7, 2017) through Friday, Sept. 8, 2017, will receive a return call Monday, Sept. 11, 2017, to be enrolled over the phone.

In addition, CMS is:

- Exercising waiver authority to allow providers who are not currently enrolled to
 initiate temporary billing privileges by providing limited information, including,
 but not limited to, National Provider Identifier (NPI), Social Security Number
 (SSN) or a business Employer Identification Number taxpayer identification
 numbers (SSN/EIN/TIN), and valid in-state or out-of-state licensure.
- Temporarily ceasing revalidation efforts for Medicare providers located in Texas, Louisiana and areas otherwise directly impacted by Hurricane Harvey.
- Lifting the temporary enrollment moratorium in Texas on Part B non-emergency ambulance suppliers. The agency has authority to lift an enrollment moratorium at any time if the President declares an area a disaster under the Robert T. Stafford Disaster Relief and Emergency Assistance Act. CMS has carefully reviewed the potential impact of continued moratorium in Texas and the decision to lift the temporary enrollment moratoria on Part B non-emergency ambulance suppliers in Texas was made to expedite aid in the disaster response. CMS is working to publish a notice in the Federal Register to announce the lifting of the moratoria.
- Waiving the practice location reporting requirements and not taking administrative actions with respect to providers who fail to notify them of their temporary practice location via the CMS-855. This temporary process will remain in effect from the declared disaster effective dates (August 25, 2017 for Texas and August 28, 2017 for Louisiana) until the disaster designation is lifted, after which the provider shall resume all reporting requirements. If the temporary location is still being utilized until the previous location is reestablished, it must be reported to the MAC via the appropriate CMS-855.

CMS will continue to work with Texas and Louisiana in their recovery. The agency continues to update its emergency page (www.cms.gov/emergency) with important information for state and local officials, providers, healthcare facilities and the public.

To read previous updates regarding HHS activities related to Hurricane Harvey, please visit https://www.hhs.gov/about/news.

To learn more about HHS resources related to Hurricane Harvey, please visit https://www.hhs.gov/hurricane-harvey.



Top of the Document

16. SEC ALERT: INVESTMENT SCAMS RELATED TO HURRICANES

09/06/2017

The SEC's Office of Investor Education and Advocacy is issuing this Investor Alert to alert investors, including individuals who may receive lump sum payouts from insurance companies and others as a result of damage from Hurricanes Harvey or Irma, to investment scams that may take advantage of the disaster.

Hurricanes, floods, oil spills, and other disasters often give rise to investment scams. These scams can take many forms, including promoters touting companies purportedly involved in cleanup, repair and recovery efforts, trading programs that falsely guarantee high returns, and classic Ponzi schemes where new investors' money is used to pay money promised to earlier investors.

Some scams are circulated through spam email, promising high returns for small, thinly-traded companies that supposedly will reap huge profits from recovery and cleanup efforts. For example, the SEC brought several enforcement actions against individuals and companies who made false and misleading statements about alleged business opportunities in light of the damage caused by Hurricane Katrina in 2005.

Some of those cases involved pump-and-dump scams where fraudsters used fake "news" to pump up the stock price of small companies so they can sell shares they own at artificially high prices. We also heard about fraudsters targeting individuals receiving compensation from insurance companies. Individuals, including those receiving lump sum insurance payouts, should be extremely wary of potential investment scams related to Hurricanes Harvey or Irma.

Be Skeptical and Ask Questions

One of the best ways to avoid investment fraud is to ask questions. Be skeptical if you are approached by somebody touting an investment opportunity. Ask that person whether he or she is licensed and whether the investment they are promoting is registered with the SEC or with a state. Check out their answers with an unbiased source, such as the SEC or your state securities regulator.

Know that promises of fast and high profits, with little or no risk, are classic signs of fraud. Our short publication called Ask Questions discusses many of the other questions you should ask of anyone who wants you to make an investment. Please read Ask Questions before making any investment decisions.

Protect Yourself

Take a close look at your entire financial situation before making any investment decision, especially if you are a recipient of a lump sum payment. Remember, your payment may have to help finance your recovery as well as last you and your family for a long time. Below is a list of some online resources that may help. If you are thinking about investing and have any questions, do not hesitate to call the SEC's Office of Investor Education and Advocacy at 1-800-732-0330, or ask a question using this online form.



- SEC Press Release: For information on how the SEC is monitoring the impact of Hurricane Harvey on investors and markets, see this press release.
- NASAA Alert: See the alert from the North American Securities Administrators Association (NASAA) regarding Hurricane Harvey scams.
- FINRA Alert: See the alert from the Financial Industry Regulatory Authority (FINRA) regarding potential scams following Hurricane Harvey.
- Lump Sum Payouts: For information about investing wisely after receiving a lump sum
 payout, see Lump Sum Payouts: Questions You Should Ask Yourself before You Invest a
 Dime.
- Affinity Fraud: For information about investment scams targeting particular groups, see our Investor Alert on Affinity Fraud.
- Ponzi Schemes: For information about Ponzi schemes, see Ponzi Schemes: Frequently Asked Questions.
- Saving and Investing Basics: For general information about saving and investing, please see Saving and Investing: a Roadmap to Your Financial Security through Saving and Investing. This publication is also available in Spanish.
- Ask Questions: For a list of questions you should ask when considering an investment, see Ask Questions: Questions You Should Ask about Your Investments. This publication is also available in Spanish.

Other Resources

- Investor.gov: This is the SEC's educational website for retail investors.
- MyMoney.gov: This is the U.S. government's website dedicated to teaching the basics about managing your money.
- Top of the Document

17.CMS CLAIMS INFORMATION

MLN Connects contains important news, announcements, and updates for health care professionals.



Special Edition – Thursday, September 7, 2017

• Hurricane Harvey and Medicare Disaster Related Texas Claims MLN Matters Article — Updated



<u>Tropical Storm Harvey and Medicare Disaster Related Louisiana Claims MLN Matters Article</u>
 —
 <u>Updated</u>

Hurricane Harvey and Medicare Disaster Related Texas Claims MLN Matters Article — Updated The MLN Matters Special Edition Article on <u>Hurricane Harvey and Medicare Disaster Related Texas Claims</u> has been updated. This article was revised to include additional waiver information about emergency durable medical equipment, prosthetics, orthotics, and supplies for Medicare beneficiaries impacted by Hurricane Harvey. All other information remains the same.

Tropical Storm Harvey and Medicare Disaster Related Louisiana Claims MLN Matters Article — Updated

The MLN Matters Special Edition Article on <u>Tropical Storm Harvey and Medicare Disaster Related Louisiana Claims</u> has been updated. This article was revised to include additional waiver information about emergency durable medical equipment, prosthetics, orthotics, and supplies for Medicare beneficiaries impacted by Hurricane Harvey. All other information remains the same.

Like the eNews? Have suggestions? Please let us know!

The Medicare Learning Network®, MLN Connects®, and MLN Matters® are registered trademarks of the U.S. Department of Health and Human Services (HHS).





Top of the Document



Crisis Counseling Assistance and Training Program Trainer's Toolkit

Handout 3

Disaster Reactions and Interventions







Disaster Reactions and Interventions						
Age Group	Behavioral Reactions	Physical Reactions	Emotional Reactions	Cognitive Reactions	Intervention Options	
Preschool (1–5)	 Clinging to parents or familiar adults Helplessness and passive behavior Resumption of bed-wetting or thumb-sucking Fears of the dark Avoidance of sleeping alone Increased crying 	 Loss of appetite Stomachaches Nausea Sleep problems or nightmares Speech difficulties Tics 	 Anxiety Generalized fear Irritability Angry outbursts Sadness Withdrawal 	 Preoccupation with disaster Poor concentration Recurring dreams or nightmares 	 Give verbal reassurance and physical comfort Clarify misconceptions repeatedly Provide comforting bedtime routines Help with labels for emotions Avoid unnecessary separations Permit child to sleep in parents' room temporarily Demystify reminders Encourage expression regarding losses (deaths, pets, toys) Monitor media exposure Encourage expression through pla activities 	



Disaster Reactions and Interventions						
Age Group	Behavioral Reactions	Physical Reactions	Emotional Reactions	Cognitive Reactions	Intervention Options	
Childhood (6–11)	 Decline in school performance School avoidance Aggressive behavior at home or school Hyperactive or silly behavior Whining, clinging, or acting like a younger child Increased competition with younger siblings for parents' attention Traumatic play and reenactments 	 Change in appetite Headaches Stomachaches Sleep disturbances or nightmares Somatic complaints 	 Fear of feelings Withdrawal from friends or familiar activities Reminders triggering fears Angry outbursts Preoccupation with crime, criminals, safety, and death Self-blame Guilt 	 Preoccupation with disaster Poor concentration Recurring dreams or nightmares Disorientation or confusion Flashbacks Questioning of spiritual beliefs 	 Give additional attention and consideration Relax expectations of performance at home and at school temporarily Set gentle but firm limits for acting out Provide structured but undemanding home chores and rehabilitation activities Encourage verbal and play expression of thoughts and feeling of traumatic event Clarify child's distortions and misconceptions Identify and assist with reminders Develop school program for peer support, expressive activities, education on trauma and crime, preparedness planning, and identifying special children 	



Disaster Reactions and Interventions						
Age Group	Behavioral Reactions	Physical Reactions	Emotional Reactions	Cognitive Reactions	Intervention Options	
Pre- Adolescence and Adolescence (12–18)	 Decline in academic performance Rebellion at home or school Decline in responsible behavior Agitation or decrease in energy level, or apathy Delinquent behavior Risk-taking behavior Social withdrawal Abrupt shift in relationships 	 Appetite changes Headaches Gastrointestinal problems Skin eruptions Complaints of vague aches and pains Sleep disorders 	 Loss of interest in peer social activities, hobbies, or recreation Sadness or depression Anxiety and fearfulness about safety Resistance to authority Feelings of inadequacy and helplessness Guilt, self-blame, shame, and self-consciousness Desire for revenge 	 Preoccupation with disaster Poor concentration Recurring dreams, nightmares, or flashbacks Disorientation or confusion Questioning of spiritual beliefs Difficulty setting priorities Difficulty making decisions Loss of objectivity 	 Give additional attention and consideration Relax expectations of performance at home and school temporarily Encourage discussion of experience of trauma with peers and significant adults Avoid insistence on discussion of feelings with parents Address impulse to recklessness Link behavior and feelings to event Encourage physical activities Encourage resumption of social activities, athletics, clubs, etc. Encourage participation in community activities and school events Develop school programs for peer support and debriefing, special student support groups, telephone hotlines, drop-in centers, and identification of special teens 	



Disaster Reactions and Interventions						
Age Group	Behavioral Reactions	Physical Reactions	Emotional Reactions	Cognitive Reactions	Intervention Options	
-	Sleep problems Avoidance of reminders Excessive activity level Protectiveness toward loved ones Crying easily Angry outbursts Increased conflicts with family Hypervigilance Isolation, withdrawal, or shutting down	 Nausea Headaches Fatigue or exhaustion Gastrointestinal distress Appetite change Somatic complaints Worsening of chronic conditions 	 Shock, disorientation, and numbness Depression or sadness Grief Irritability or anger Anxiety or fear Despair or hopelessness Guilt or selfdoubt Mood swings 	 Preoccupation with disaster Poor concentration Recurring dreams, nightmares, or flashbacks Disorientation or confusion Questioning of spiritual beliefs Difficulty setting priorities Difficulty making decisions Loss of objectivity 	 Protect, direct, and connect Ensure access to emergency medical services Provide supportive listening and opportunity to talk about experier and losses Provide frequent rescue and recovery updates and resources questions Assist with prioritizing and proble solving Help family to facilitate communication and effective functioning Provide information on traumatic stress and coping, children's reactions, and tips for families Provide information on criminal justice procedures and roles of primary responder groups Provide crime victim services Assess and refer, when indicated Provide information on referral resources Provide information on substance abuse self-help (for self, family, friends) 	



	Disaster Reactions and Interventions						
Age Group	Behavioral Reactions	Physical Reactions	Emotional Reactions	Cognitive Reactions	Intervention Options		
Older Adults	 Withdrawal and isolation Reluctance to leave home Mobility limitations Relocation adjustment problems 	 Worsening of chronic illnesses Sleep disorders Memory problems Somatic symptoms More susceptibility to hypothermia and hyperthermia Physical and sensory limitations (sight, hearing) that interfere with recovery 	- Agitation or	 Preoccupation with disaster Poor concentration Recurring dreams, nightmares, or flashbacks Disorientation or confusion Questioning of spiritual beliefs Difficulty setting priorities Difficulty making decisions Loss of objectivity 	 Provide strong and persistent verbal reassurance Provide orienting information Ensure physical needs are addressed (water, food, warmth) Use multiple assessment methods, as problems may be underreported Assist with reconnecting with family and support systems Assist in obtaining medical and financial assistance Encourage discussion of traumatic experience and losses, and expression of emotions Provide crime victim assistance Same as adults for substance abuse services 		

Adapted from U.S. Department of Health and Human Services. (2000). *Training manual for mental health and human service workers in major disasters* (DHHS Publication 90–538). Washington, DC: Substance Abuse and Mental Health Services Administration Center for Mental Health Services.



Crisis Counseling Assistance and Training Program Trainer's Toolkit

Handout 4

Recognizing Severe Reactions to Disaster and Common Psychiatric Disorders







Recognizing Severe Reactions to Disaster and Common Psychiatric Disorders

Introduction

When meeting with disaster survivors, crisis counselors may come into contact with people experiencing severe reactions to the disaster. Because treatment is not part of the Crisis Counseling Assistance and Training Program (CCP), the goal of crisis counseling is to recognize these reactions and know when to alert a team leader or program manager to any concerns. If unresolved, severe reactions, such as social isolation, paranoia, and suicidal behavior, may begin to interfere with daily functioning and develop into psychiatric disorders. The psychiatric disorders most often associated with a traumatic event include depressive disorders, substance abuse, acute stress disorder, anxiety disorders, posttraumatic stress disorder (PTSD), and dissociative disorders.

Crisis counselors may also encounter survivors who have preexisting psychiatric disorders and have become disconnected from treatment, or who may be experiencing an aggravation of their symptoms. These disorders include those described above, as well as bipolar disorder, borderline personality disorder, eating disorders, obsessive-compulsive disorder (OCD), panic disorder, schizoaffective disorder, schizophrenia, and co-occurring mental illness and substance abuse. Crisis counselors need to be able to recognize the possible symptoms of common psychiatric disorders so they know when to request assistance from their team leaders or other professionals in the program.

Since the CCP is not a treatment program, the role of team leaders or other mental health professionals is to recognize and refer those in need of treatment services to local behavioral health services and not to provide treatment themselves. Whenever possible, crisis counselors, in consultation with their team leaders, may follow up with survivors to ensure they have connected with the needed resources.

Please note that only a trained mental health professional can diagnose mental illness and provide psychotherapy, and a psychiatrist or medical doctor typically prescribes medication.

Crisis counselors may encounter developmental disabilities, cognitive impairments, dementia, traumatic brain injury, traumatic or complicated grief, and attention deficit hyperactivity disorder in some survivors.

The contents of this handout are not exhaustive. Crisis counselors should always seek the assistance of supervisors and clinical personnel in any situation where there is a question about a person's level of distress.



Severe Reactions to a Traumatic Event

The following severe reactions may result from an increase in the level of stress brought on by the traumatic event:

Social Isolation

• Social isolation is a feeling of loneliness experienced by the patient as a threatening state imposed by others; a sense of loneliness caused by the absence of family and friends; or the absence of a supportive or significant personal relationship caused by the patient's unacceptable social behavior or social values, inability to engage in social situations, immature interests, inappropriate attitudes for his or her developmental age, alterations in physical appearance, or mental status or illness. It is important to be aware of the possibility of social isolation when counseling people who are known to have developmental disabilities, cognitive impairments, dementia, and traumatic brain injury.

Symptoms:

- Feelings of loneliness imposed by others
- Feelings of rejection
- Feelings of difference from others
- Insecurity in public
- Sad, dull affect
- Uncommunicative and withdrawn behavior and lack of eye contact
- Preoccupation with own thoughts or repetitive, meaningless actions
- Hostility in voice and behavior

Paranoia

Paranoia is an unfounded or exaggerated distrust of others, sometimes reaching
delusional proportions. Paranoid individuals constantly suspect the motives of those
around them, and believe that certain individuals, or people in general, are "out to
get them." Acute, or short-term, paranoia may occur in some individuals
overwhelmed by stress.

· Symptoms:

- Belief that others are plotting against him or her
- Preoccupation with unsupported doubts about friends or associates
- Reluctance to confide in others due to a fear that information may be used against him or her
- Reading negative meanings into innocuous remarks
- Bearing grudges
- Perceiving attacks on his or her reputation that are not clear to others and being quick to counterattack
- Maintaining unfounded suspicions regarding the fidelity of a spouse or significant other



Recognizing Severe Reactions to Disaster and Common Psychiatric Disorders, Page 2 of 14

Suicidal Behavior

- Suicidal behavior is a severe reaction that may result from several psychiatric disorders. Most people who kill themselves have a diagnosable and treatable psychiatric illness.
- Symptoms:
 - History of attempted suicide (Those who have made serious suicide attempts are at a much higher risk for actually taking their lives.)
 - Family history of suicide, suicide attempts, depression, or other psychiatric illness
 - Depression with an unrelenting low mood, pessimism, hopelessness, desperation, anxiety, psychic pain, and inner tension
 - Sleep problems
 - Increased alcohol or drug use
 - Engagement in recent impulsive or unnecessarily risky behavior
 - Making threats of suicide or expressing a strong wish to die
 - Plans of self-harm or suicide
 - Allocation of prized possessions
 - Sudden or impulsive purchase of a firearm
 - Acquiring other means of killing oneself such as poisons or medications
 - Unexpected rage or anger

Psychiatric Disorders Most Often Associated with a Traumatic Event

If left untreated or if unresponsive to crisis counseling interventions, severe reactions may lead to a psychiatric disorder. These disorders may be preexisting or may result from an increase in the level of stress brought on by the traumatic event and include the following:

Depressive Disorders

- Depressive disorders are illnesses that involve the body, mood, and thoughts. They
 affect the way a person eats and sleeps, the way one feels about oneself, and the
 way one thinks about things. A depressive disorder is not the same as a passing
 blue mood. It is not a sign of personal weakness or a condition that can be willed or
 wished away. Without treatment, symptoms can last for weeks, months, or years.
- Symptoms:
 - Persistently sad or irritable mood
 - Pronounced changes in sleep, appetite, and energy
 - Difficulty thinking, concentrating, and remembering
 - Physical slowing or agitation
 - Lack of interest in or pleasure from activities once enjoyed
 - Feelings of guilt, worthlessness, hopelessness, and emptiness
 - Recurrent thoughts of death or suicide
 - Persistent physical symptoms that do not respond to treatment, such as headaches, digestive disorders, and chronic pain



Recognizing Severe Reactions to Disaster and Common Psychiatric Disorders, Page 3 of 14

Substance Abuse

 Substance abuse is a pattern of substance use resulting in consequences in major life areas. Substance misuse is the use of a substance in ways or for reasons other than intended for that substance.

Symptoms:

- Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home (e.g., repeated absences or poor work performance related to substance use; substance-related absences, suspensions, or expulsions from school; neglect of children or household)
- Recurrent substance use in situations in which it is physically hazardous (e.g., driving an automobile or operating a machine when impaired by substance use)
- Recurrent substance-related legal problems (e.g., arrests for substance-related disorderly conduct)
- Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance (e.g., arguments with spouse about consequences of intoxication, physical fights)

Acute Stress Disorder

Acute stress disorder is an anxiety disorder characterized by a cluster of dissociative
and anxiety symptoms that occur within a month of a traumatic stressor. The
immediate cause of acute stress disorder is exposure to trauma—an extreme
stressor involving a threat to life or the prospect of serious injury; witnessing an event
that involves the death or serious injury of another person; or learning of the violent
death or serious injury of a family member or close friend.

Symptoms:

- Being dazed or less aware of surroundings
- Depersonalization
- Dissociative amnesia
- Reexperiencing the trauma in dreams, images, thoughts, illusions, or flashbacks; or intense distress when exposed to reminders of the trauma
- Tendency to avoid people, places, objects, conversations, and other stimuli reminiscent of the trauma
- Hyperarousal or anxiety, including sleep problems, irritability, inability to concentrate, an unusually intense startle response, hypervigilance, and physical restlessness
- Significantly impaired social functions or the inability to do necessary tasks, including seeking help



Anxiety Disorders

 Anxiety disorders, unlike the relatively mild, brief anxiety caused by a stressful event, last at least 6 months and can worsen if not treated. Anxiety disorders commonly occur along with other mental or physical illnesses, including alcohol or substance abuse, which may mask anxiety symptoms or make them worse. In some cases, these other illnesses need to be treated before a person will respond to treatment for the anxiety disorder. Specific anxiety disorders include panic disorder, OCD, PTSD, social phobia (or social anxiety disorder), specific phobias, and generalized anxiety disorder.

Symptoms:

- Each anxiety disorder has different symptoms, but all the symptoms cluster around excessive, irrational fear and dread.
- Sometimes alcoholism, depression, or other coexisting conditions have such a strong effect on the individual that treating the anxiety disorder must wait until the coexisting conditions are brought under control.

PTSD

• PTSD is an anxiety disorder that can develop after exposure to a terrifying event or ordeal in which grave physical harm occurred or was threatened. Traumatic events that may trigger PTSD include violent personal assaults, natural or human-caused disasters, accidents, or military combat. Not every traumatized person develops full-blown or even minor PTSD. Symptoms usually begin within 3 months of the incident but occasionally emerge years afterward. They must last more than a month to be considered PTSD. The course of the illness varies. Some people recover within 6 months; others have symptoms that last much longer. In some people, the condition becomes chronic.

Symptoms:

- Persistent frightening thoughts and memories of the ordeal
- Emotional numbness, especially toward people with which the individual was once close
- Sleep problems
- Feelings of detachment
- Being easily startled

Dissociative Disorders

Dissociative disorders are characterized by a dissociation from or interruption of a
person's fundamental aspects of waking consciousness (such as one's personal
identity or history). All of the dissociative disorders are thought to stem from trauma
experienced by the individual with this disorder. Dissociative disorders include



dissociative amnesia, dissociative fugue, dissociative identity disorder, and depersonalization disorder.

Symptoms:

- The person literally dissociates himself or herself from a situation or experience too traumatic to integrate with his or her conscious self.
- Symptoms of one or more of the disorders are also seen in a number of other mental illnesses, including PTSD, panic disorder, and OCD.

Preexisting Psychiatric Disorders

In addition to the disorders described above, the following conditions may also have existed prior to the disaster.

Bipolar Disorder

- Bipolar disorder, or manic depression, causes extreme shifts in mood, energy, and functioning. These changes may be subtle or dramatic, typically varying greatly during a person's life as well as among individuals. Bipolar disorder is a chronic, generally lifelong condition with recurring episodes of mania and depression lasting from days to months; episodes often begin in adolescence or early adulthood, and occasionally in children.
- Symptoms of mania:
 - An elated, happy mood or an irritable, angry, unpleasant mood
 - Increased physical and mental activity and energy
 - Racing thoughts and flight of ideas
 - Increased talking, more rapid speech than normal
 - Ambitious, often grandiose plans
 - Risk taking
 - Impulsive activity (e.g., spending sprees, sexual indiscretion, alcohol abuse)
 - Decreased sleep without experiencing fatigue
- Symptoms of depression:
 - Loss of energy
 - Prolonged sadness
 - Decreased activity and energy
 - Restlessness and irritability
 - Inability to concentrate or make decisions
 - Increased feelings of worry and anxiety
 - Less interest or participation in and less enjoyment of activities normally enjoyed
 - Feelings of guilt and hopelessness
 - Thoughts of suicide
 - Change in appetite
 - Change in sleep patterns



Borderline Personality Disorder

- Borderline personality disorder is characterized by instability in moods, interpersonal relationships, self-image, and behavior. This instability often disrupts family and work, long-term planning, and the individual's sense of self-identity.
- Symptoms—A pattern of instability of interpersonal relationships, self-image, and
 affects, and marked impulsivity beginning by early adulthood and present in a variety
 of contexts, as indicated by five or more of the following:
 - Frantic efforts to avoid real or imagined abandonment
 - A pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation
 - Identity disturbance—markedly and persistently unstable self-image or sense of self
 - Impulsivity in at least two areas that are potentially self-damaging (e.g., spending, sex, substance abuse, reckless driving, binge eating)
 - Recurrent suicidal behavior, gestures, or threats, or self-mutilating behavior
 - Affective instability due to a marked reactivity of mood (e.g., intense episodic irritability, or anxiety usually lasting a few hours and only rarely more than a few days)
 - Chronic feelings of emptiness
 - Inappropriate, intense anger or difficulty controlling anger (e.g., frequent displays of temper, constant anger, recurrent physical fights)
 - Transient, stress-related paranoid ideation or severe dissociative symptoms

Eating disorders

- Anorexia nervosa is a serious, often chronic, and life-threatening eating disorder defined by a refusal to maintain minimal body weight within 15 percent of an individual's normal weight. Other essential features of this disorder include an intense fear of gaining weight and a distorted body image. Symptoms include the following:
 - Preoccupation with food
 - Refusal to maintain minimally normal body weight
 - Continuing to think of oneself as fat even when he or she is bone-thin
 - Brittle hair and nails
 - Dry and yellow skin
 - Depression
 - Complaining of hypothermia
 - Fine, downy hair growth on the body
 - Strange eating habits such as cutting food into tiny pieces or refusing to eat in front of others



- Bulimia nervosa is marked by a destructive pattern of binge eating and recurrent
 inappropriate behavior to control one's weight. It can occur together with other
 psychiatric disorders such as depression, OCD, substance dependence, or selfinjurious behavior. Binge eating is defined as the consumption of excessively large
 amounts of food within a short period of time. Symptoms include the following:
 - Constant concern about food and weight
 - Self-induced vomiting
 - Erosion of dental enamel
 - Scarring on the backs of the hands (due to repeatedly pushing fingers down the throat to induce vomiting)
 - Swelling of the glands near the cheeks (a small percentage of people show this symptom)
 - Irregular menstrual periods and a decrease in sexual interest
 - Depression
 - Sore throats and abdominal pain

OCD

- OCD is a psychiatric disorder characterized by obsessive thoughts or compulsive behaviors. While most people at one time or another experience such thoughts or behaviors, an individual with OCD experiences obsessions and compulsions for more than an hour each day, in a way that interferes with his or her life.
- Obsessions are intrusive, irrational thoughts or unwanted ideas or impulses that repeatedly well up in a person's mind. Again and again, the person experiences disturbing thoughts, such as "My hands must be contaminated; I must wash them"; "I may have left the gas stove on"; "I am going to injure my child." On one level, the sufferer knows these obsessive thoughts are irrational. But on another level, he or she fears these thoughts might be true. Trying to avoid such thoughts creates great anxiety.
- **Compulsions** are repetitive rituals such as hand washing, counting, checking, hoarding, or arranging. Individuals repeat these actions, perhaps feeling momentary relief, but without feeling satisfaction or a sense of completion. People with OCD feel they must perform these compulsive rituals or something bad will happen.
- Symptoms:
 - Repeatedly checking things, perhaps dozens of times, before feeling secure
 - Fear of harming others
 - Feeling dirty and contaminated
 - Constantly arranging and ordering things
 - Excessive concern with body imperfections
 - Being ruled by numbers—believing that certain numbers represent good, and others represent evil
 - Excessive concern with sin or blasphemy



Panic Disorder

- Panic disorder is characterized by recurrent panic attacks, at least one of which leads to a month of increased anxiety or avoidant behavior. Panic disorder may also be indicated if a person experiences fewer than four panic episodes but has recurrent or constant fears of having another panic attack.
- Symptoms:
 - Sweating
 - Hot or cold flashes
 - Choking or smothering sensations
 - Racing heart
 - Labored breathing
 - Trembling
 - Chest pains
 - Faintness
 - Numbness
 - Nausea
 - Disorientation
 - Feelings of dying, losing control, or losing one's mind
- Panic attacks typically last about 10 minutes, but may be a few minutes shorter or longer. During the attack, the physical and emotional symptoms increase quickly and then subside. A person may feel anxious and jittery for many hours after experiencing a panic attack.

Schizophrenia

- Schizophrenia often interferes with a person's ability to think clearly, distinguish reality from fantasy, manage emotions, make decisions, and relate to others. A person with schizophrenia does not have a "split personality," and almost all people with schizophrenia are not dangerous or violent toward others while they are receiving treatment.
- Symptoms of schizophrenia are generally divided into three categories (positive, negative, and cognitive):
 - Positive symptoms, or "psychotic" symptoms, include delusions and hallucinations because the patient has lost touch with reality in certain important ways. "Positive" refers to having overt symptoms that should not be there. Delusions cause individuals to believe that people are reading their thoughts or plotting against them, that others are secretly monitoring and threatening them, or that they can control other people's minds. Hallucinations cause people to hear or see things that are not present.
 - Negative symptoms include emotional flatness or lack of expression, an
 inability to start and follow through with activities, speech that is brief and
 devoid of content, and a lack of pleasure or interest in life. "Negative" does not
 refer to a person's attitude, but rather to a lack of certain characteristics that
 should be there.



Cognitive symptoms pertain to thinking processes. For example, people may
have difficulty with prioritizing tasks, certain kinds of memory functions, and
organizing their thoughts. A common problem associated with schizophrenia is
the lack of insight into the condition itself. This is not a willful denial, but rather
a part of the mental illness itself.

Schizoaffective Disorder

 Schizoaffective disorder is one of the more common, chronic, and disabling mental illnesses. It is characterized by a combination of symptoms of schizophrenia and an affective (mood) disorder.

Symptoms:

- A person needs to have primary symptoms of schizophrenia (such as delusions, hallucinations, disorganized speech, and disorganized behavior), along with a period of time when he or she also has symptoms of major depression or a manic episode. Accordingly, schizoaffective disorder may have two subtypes: (1) depressive subtype, characterized by major depressive episodes only, and (2) bipolar subtype, characterized by manic episodes with or without depressive symptoms or depressive episodes.
- The mood symptoms in schizoaffective disorder are more prominent and last for a substantially longer time than those in schizophrenia.
- Schizoaffective disorder may be distinguished from a mood disorder by the fact that delusions or hallucinations must be present in people with schizoaffective disorder for at least 2 weeks in the absence of prominent mood symptoms.
- The diagnosis of a person with schizophrenia or mood disorder may change later to that of schizoaffective disorder, or vice versa.

Co-occurring Mental Illness and Substance Abuse

- Co-occurring mental illness and substance abuse are often referred to as cooccurring disorders. To recover fully, a consumer with co-occurring disorders needs
 treatment for both problems—focusing on one does not ensure the other will go
 away. Dual-diagnosis services integrate assistance for each condition, helping
 people recover from both in one setting, at the same time.
- What follows are some statistics, provided by the National Alliance on Mental Illness, on the prevalence of co-occurring disorders:
 - Roughly 50 percent of individuals with severe mental disorders are affected by substance abuse.
 - Thirty-seven percent of alcohol abusers and 53 percent of drug abusers also have at least one serious mental illness.
 - Of all people diagnosed as mentally ill, 29 percent abuse either alcohol or drugs.
 - Of people with a 12-month addictive disorder, 42.7 percent had at least one 12-month mental disorder.
 - Of individuals with a 12-month mental disorder, 14.7 percent had at least one 12-month addictive disorder.
 - Forty-seven percent of individuals with schizophrenia also had a substance abuse disorder (more than four times as likely as the general population).

OVERSIGHT

Recognizing Severe Reactions to Disaster and Common Psychiatric Disorders, Page 10 of 14

- Sixty-one percent of individuals with bipolar disorder also had a substance abuse disorder (more than five times as likely as the general population).
- Often, people can suffer from more than one psychiatric disorder at a time. In addition, people can suffer from psychiatric and medical disorders simultaneously and may need treatment referrals for both.

Treatment Approaches

This section identifies general treatment approaches for a variety of psychiatric disorders. The following interventions are used either alone or in combination, depending on the treatment approach chosen by the survivor in consultation with his or her mental health treatment professional.

- A comprehensive approach to treatment would include a combination of interventions, such as the following:
 - Connecting the person with a peer counselor
 - Referring the person to a support group
 - Supporting family communication
 - Enhancing spirituality
 - Establishing a personal connection with a health care provider
 - Assisting the person with the use of Internet-based supports
- It is important to note several additional points:
 - Medication is most effective when it is used as part of an overall treatment plan that includes supportive therapy.
 - Medication-assisted treatment is the use of medications, in combination with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of substance-use disorders. Research shows that when treating substance-use disorders, a combination of medication and behavioral therapies is most successful.
 - Support groups and community-based programs, as well as 12-step recovery programs, provide peer support to people suffering from substance abuse.
 - Cognitive therapy is used to help people think and behave appropriately.
 People learn to make the feared object or situation less threatening as they are exposed to, and slowly get used to, whatever is so frightening to them.
 - Healthy living habits may also help. Exercise, a proper and balanced diet, moderate use of caffeine and alcohol, and learning how to reduce stress are all important.



Ten Fundamental Components of Mental Health Recovery

Mental health recovery is a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential.

- Self-direction—Consumers lead, control, exercise choice over, and determine their own path of recovery by optimizing autonomy, independence, and control of resources to achieve a self-determined life. By definition, the recovery process must be self-directed by the individual, who defines his or her own life goals and designs a unique path towards those goals.
- Individualized and person-centered—There are multiple pathways to recovery based on an individual's unique strengths and resiliencies as well as his or her needs, preferences, experiences (including past trauma), and cultural background in all of its diverse representations. Individuals also identify recovery as being an ongoing journey and an end result, as well as an overall paradigm for achieving wellness and optimal mental health.
- Empowerment—Consumers have the authority to choose from a range of options and to participate in all decisions—including the allocation of resources—that will affect their lives, and are educated and supported in so doing. They have the ability to join with other consumers to collectively and effectively speak for themselves about their needs, wants, desires, and aspirations. Through empowerment, an individual gains control of his or her own destiny and influences the organizational and societal structures in his or her life.
- Holistic—Recovery encompasses an individual's whole life, including mind, body, spirit, and community. Recovery embraces all aspects of life, including housing, employment, education, mental health and health care treatment and services, complementary and naturalistic services, addictions treatment, spirituality, creativity, social networks, community participation, and family supports as determined by the person. Families, providers, organizations, systems, communities, and society play crucial roles in creating and maintaining meaningful opportunities for consumer access to these supports.
- Nonlinear—Recovery is not a step-by-step process but one based on continual
 growth, occasional setbacks, and learning from experience. Recovery begins with
 an initial stage of awareness in which a person recognizes that positive change is
 possible. This awareness enables the consumer to move on to fully engage in the
 work of recovery.
- Strengths based—Recovery focuses on valuing and building on the multiple
 capacities, resiliencies, talents, coping abilities, and inherent worth of individuals. By
 building on these strengths, consumers leave stymied life roles behind and engage
 in new life roles (e.g., partner, caregiver, friend, student, employee). The process of
 recovery moves forward through interaction with others in supportive, trust-based
 relationships.
- Peer support—Mutual support—including the sharing of experiential knowledge and skills and social learning—plays an invaluable role in recovery. Consumers encourage and engage other consumers in recovery and provide each other with a sense of belonging, supportive relationships, valued roles, and community.
- Respect—Community, systems, and societal acceptance and appreciation of consumers—including protecting their rights and eliminating discrimination and stigma—are crucial in achieving recovery. Self-acceptance and regaining belief in



Recognizing Severe Reactions to Disaster and Common Psychiatric Disorders, Page 12 of 14

- oneself are particularly vital. Respect ensures the inclusion and full participation of consumers in all aspects of their lives.
- Responsibility—Consumers have a personal responsibility for their own self-care
 and journeys of recovery. Taking steps toward their goals may require great
 courage. Consumers must strive to understand and give meaning to their
 experiences and identify coping strategies and healing processes to promote their
 own wellness.
- Hope—Recovery provides the essential and motivating message of a better future—that people can and do overcome the barriers and obstacles that confront them.
 Hope is internalized; but can be fostered by peers, families, friends, providers, and others. Hope is the catalyst of the recovery process.

The previous information comes from the *National Consensus Statement on Mental Health Recovery*, which can be found at http://store.samhsa.gov/shin/content/SMA05-4129/SMA05-4129.pdf

Conclusion

This handout was designed to give crisis counselors more information about severe reactions to trauma and psychiatric disorders that they may encounter in a small number of disaster survivors. When a severe reaction or psychiatric disorder is suspected, the crisis counselor needs to alert the CCP team leader and clinical personnel. The crisis counselor should work should work with the survivor to determine if referral is needed, and then, the crisis counselor should make use of the resource linkage to refer the survivor to the appropriate resource. If possible, crisis counselors can follow up with survivors to see if they have made use of the referred services. Use of the Adult Assessment and Referral Tool is a way to keep track of survivors who may be suffering from severe reactions to disaster. As with all issues related to severe reactions and psychiatric disorders, use of the tool for this purpose should be done in consultation with CCP team leaders and clinical personnel.



Sources

American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders, fourth edition*. Washington, DC.

Gale, T. (2007–2012). Encyclopedia of Mental Disorder. Acute stress disorder. Retrieved from http://www.minddisorders.com/A-Br/Acute-stress-disorder.html

U.S. Department of Health and Human Services (HHS), National Alliance on Mental Illness (NAMI). (2007). NAMI: National Alliance on Mental Illness: Mental health support, education and advocacy [Website]. http://www.nami.org

HHS, National Institute on Drug Abuse. (2007). National Institute on Drug Abuse [Website]. http://www.nida.nih.gov

HHS, National Institute of Mental Health (NIMH). (2007). NIMH [Website]. http://www.nimh.nih.gov

HHS, Substance Abuse and Mental Health Services Administration. (2007). The Substance Abuse and Mental Health Services Administration [Website]. http://www.samhsa.gov



ASPR/S1 Brief Hurricane Harvey Texas

Current as of: 0330 CDT 05SEP17
Contributors: SOC, SMOC, ASPR/OEM R6 Staff, CMOC, LNOs

ESF-8 UPDATES

BLUF: Officials continue to focus on emerging public health needs of the impacted areas, and are working with federal partners to arrange for vaccine availability and vector control. The first shipment of requested vaccines has arrived at the state. The number of hospital closures has gone down from 8 to 7 (4.8% to 4.3%) as the health care system continues to recover. Beaumont is still without reliable water. The state reports that federal air and ground ambulances have begun demobilizing. HHS issued a health advisory for responders on lice and scabies in shelters.

Total ESF-8 costs to the state: \$31,343,243 (as of 0300 CDT on 4SEP17)

732 total missions completed by the state and over 2,825 medical patients have been evacuated or transferred from multiple facilities (as of 1600 CDT on 4SEP17)

Patient Encounters by Federal Medical Teams (n=3,714) (as of 0300 CDT on 5SEP17):

- Dickinson High School (NY-4): 527 (+126)
- George Brown Convention Center (NC-1, MN-1): 2,615 (+ 221)
- NRG Arena (CA-4): 110 (+154)
- Silsbee High School (GA-4): 329 (+270)
- Port Arthur/Jefferson Middle School (WA-1): 167
- George Bush Intercontinental Airport (Closed): 3
- Rosenburg Fairgrounds (Closed): 62

Fusion, some area hospitals, and some Red Cross shelters are sharing de-identified EMR records with CDC's ESSENCE system which allows the data to be viewable by Texas health officials. Overall trends:

- The predominant reasons for visits to Red Cross shelters include maintenance of health/followup care and exacerbation of chronic disease.
- At hospitals, trends in need for dialysis mentioned in the patient chief complaint text have decreased over the last four days, and are no longer elevated.
- The principal diagnosis categories of EMR entered by DMATs include: injuries/toxicology, respiratory, circulatory, and dermatologic.

Hospital Status

- Totals
 - 7 (-1) (4.3%) hospitals evacuated/closed
 - 0 hospitals currently evacuating
 - 7 (-1) hospitals sheltering in place
 - 1 hospital on generator power

Hospital Regional Breakdown (as of 0330 CDT 05SEP17)

- Houston
 - 4 (3.6%) hospitals evacuated/closed
 - East Houston Regional Medical Center
 - CHI St. Luke's Sugarland
 - Surgery Specialty Hospitals of America
 - HealthSouth Rehab The Vintage
 - **0** hospitals in the process of being evacuated
 - 2 hospitals are on internal disaster status and sheltering in place
 - Matagorda Regional Medical Center (Census = 5)
 Cornerstone of Houston Bellaire (Census = 40)
- Beaumont/Port Arthur Area
 - 0 (-1) (0%) hospitals evacuated/closed
 - 0 hospitals in the process of being evacuated
 - 3 (-1) hospitals on internal disaster status and sheltering in place
 - Baptist of SE Texas Beaumont (ED Open) (Census = 0)
 - SOC is working request for tanker trucks to deliver potable water daily to hospital tanks due to city water being unavailable
 - Christus Dubois Hospital Beaumont South (Census = 0)
 - Medical Center of SE Texas (Census = 99)
- Victoria
 - 1 (9%) hospital evacuated/closed (not counting all Physicians Premiere)
 - Post Acute North
 - **0** hospitals in the process of being evacuated
 - 1 hospital on internal disaster status and sheltering in place
 - Memorial Medical Center (ED closed) (Census = 5)
- Corpus Christi
 - 2 (11%) hospitals evacuated/closed (not counting all Physicians Premiere)
 - Care Regional Hospital (possible long-term)
 - Christus Spohn CC Memorial
 - 0 hospitals in the process of being evacuated
 - 1 hospital on internal disaster status and sheltering in place
 - Refugio Memorial Hospital (on generator; no update as of 0330 05SEP)

Nursing Homes

• 51 nursing homes closed

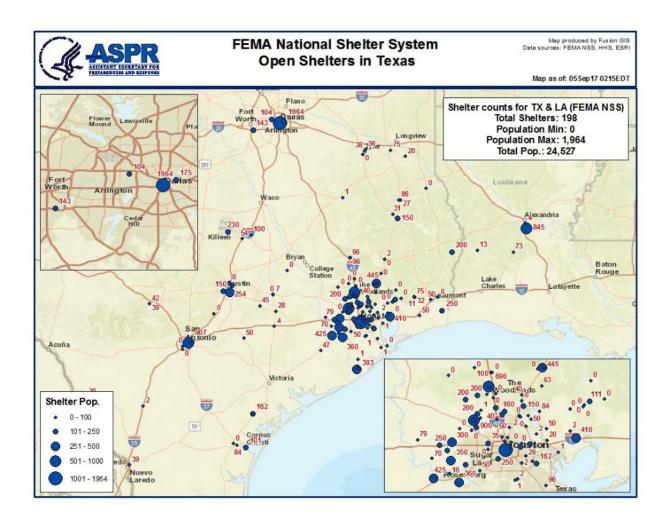
Dialysis Facilities

- 19 dialysis facilities closed.
- 10 of those will be closed long term due to major damage.
- Bay Area Dialysis Aransas Pass long-term closure due to hurricane damage
- San Jacinto Dialysis long-term closure due to hurricane damage

Intermediate Care/Facilities for Individuals with Intellectual Disabilities

• 35 ICF/IIDs closed

General Population Shelters (as of 0215 EDT 5SEP17)



Medical Shelters (as of 1600 CST 4 SEP17)

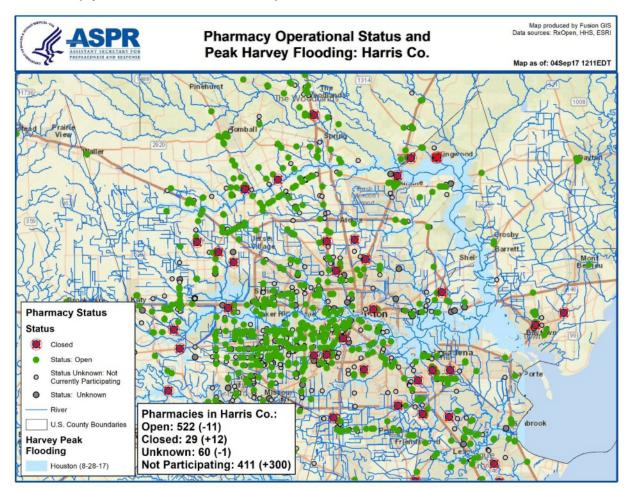
Houston (Harris County)

NRG - 100 bed shelter – open (22 person census)

San Antonio (Bexar County)

• Alpha - 105 bed shelter – open (43 person census) (Shearer Hills Baptist)

Pharmacies (Update as of 1211 EDT 04SEP17)



Federal and State Activated Elements

Resources by Location

Houston (Harris County)

NRG Arena Staging

- Federal Assets
 - 4 Type I Disaster Medical Assistance Teams (DMATs)- 3 staged (Supporting FMS mission, not part of the Harris Co. Shelter Mission)
 - 12 Service access teams (SAT)
 - o 1 Federal Medical Station (FMS) (250 bed)— operated by BCFS
- Emergency Medical Task Force (EMTF)
 - Ambulance Strike Teams (AST) (qty changing frequently)
 - Ambulance Bus (AMBUS) (qty changing frequently)
 - Ambulance Strike Team Leader (ASTL) (qty changing frequently)
 - o 1 Type I Staging Site
 - Medical Incident Support Team (MIST) (qty changing frequently)
 - o 10 Paratransit Vehicles
 - 3 Mortuary Trailers with associated personnel and trucks
- Other
 - o Acadian Para transit buses-2 (14 PAX each)- 4 bus, 2 van
 - 10 SUVs (in use by MIST)

George Brown Convention Center (Houston)

- Federal Assets
 - o 2 DMATs
 - 1 DMAT cache
 - 1 FMS
 - 1 US Public Health Services Rapid Deployment Force (RDF)

Dickinson High School

- Federal Assets
 - o 1 Type I DMAT
 - o 1 DMAT cache

Harris County

- Federal Assets
 - 1 Public Health Assessment Team (PHAT)
 - o 1 Shelter Assessment Mission
- Other
 - 1 Mortuary Trailer (Harris Co. Institute of Forensic Science)

San Patricio County (Cities of Aransas Pass and Ingelside)

- EMTF
 - o 1 Light AST
 - o 3 AMBUSs
 - o 1 ASTL

Beaumont (Jefferson County)

Ford Park (511 I-10 South, 77705)

- EMTF
 - 1 AST
 - o 1 AMBUS
 - o 1 ASTL
 - o 1 MIST staging

Orange

- EMTF
 - o 1 Type I Heavy Mobile Medical Unit (MMU) (ER Style Bed Capacity: 32+)
 - o 1 Type III MMU
 - 2 Task Force Leader (TFL)
 - o 1 AMBUS
 - o 2+ ASTs
 - o 9 MISTs
 - o 2 Mortuary Trailers with associated personnel and trucks

Port Arthur (Jefferson County)

- Federal
 - o 1 DMAT
 - o 1 DMAT Cache

Silsbee (Hardin County)

- Federal
 - o 1 DMAT
 - o 1 DMAT Cache

Galveston County Medical Examiner

• Mortuary Trailer

San Antonio (Bexar County)

San Antonio Staging

- EMTF
 - 2 ASTs
 - 1 Type II Staging Site
 - 2 Forward Operating Group Supervisors (FOGS) (as Operations Managers)
 - 5 Air ambulances (1 Strike Team) staged at home-base

San Antonio International Airport and Stinson Airport (San Antonio, Bexar County)

8 FEMA Air Ambulances (rotary-wing)

Jack Brooks Regional Airport (Nederland, Jefferson County)

- 7 FEMA Air Ambulances (rotary-wing)
- 8 State Air Ambulances (rotary-wing)

Central Texas Regional Airport (Temple, Bell County)

15 FEMA Air Ambulances (fixed-wing) (last updated 1 Sep 17)

Total Texas State Ground Ambulances = 93 (fluctuates slightly)

Total FEMA Ground Ambulances = 106

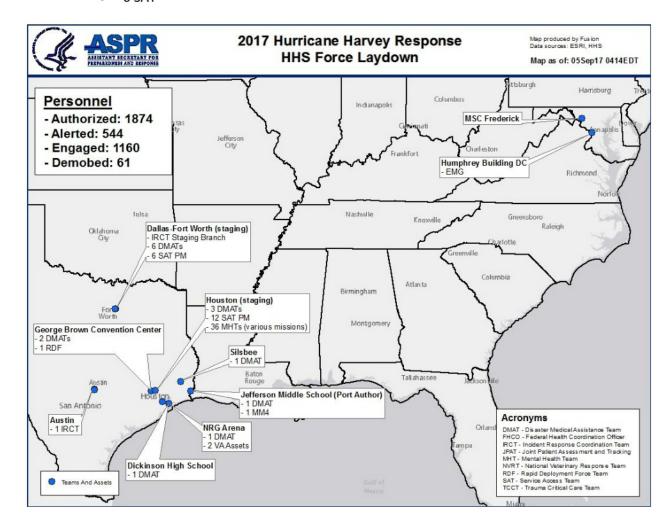
Total State Rotary-Wing Air Ambulances = 4

Total FEMA Rotary Wing Air Ambulances =15

Total FEMA Fixed Wing Air Ambulances = 15

Federal Assets - Dallas Staging

- 1 Incident Response Coordination Team (IRCT) Staging Branch
- 6 DMATs
- 6 SAT



Human Services / Behavioral Health (BH)

- All opioid treatment programs (OTPs) in the impacted areas are open, with only 2 reporting that they are not fully functional.
- SAMHSA deployed behavioral health assessment teams to the various shelters in Houston to
 begin collecting data on behavioral health needs and resources available. These data will help
 teams formulate BH response and services to the area. Teams will assess medication and BH
 service delivery; signage and/or engagement practices for persons with BH issues; use of peer
 support specialists, recovery coaches, family partners; and community outreach workers; and
 information that could be beneficial for Crisis Counseling Grants. There will be additional follow
 up on how Local Mental Health Authorities (LMHAs) can work with ARC to gain access to
 shelters.

Public Health Concerns

- Environmental Health and Vector Control
 - The Texas DSHS continues to manage and respond to requests for vector control measures, as well as actively monitor for vector-borne diseases.
 - DSHS is working on procuring insecticide for mass aerial spraying to be conducted in collaboration with the federal government
 - DSHS has developed and disseminated guidance on food, vector control requests, and tuberculosis surveillance
 - Subject matter experts are meeting on 05SEP to prioritize areas of need for vector control assets
 - CDC vector control SME should arrive 07SEP

Vaccines

 The Texas DSHS request for TDAP and influenza vaccines for first responders was approved by FEMA and the first shipments (~1,600) have arrived. The remainder should arrive over the next 24-48 hours.

Social Media

Information is derived from open sources and may not be validated or confirmed.

Main themes in open source and social media:

Conversation is focused on recovery and cleanup efforts, with several reports of medical supplies being delivered to facilities

Specific information regarding hospitals, injuries, and illness:

- Fatalities- According to local officials, more than 60 have died or are feared dead
- Critical medical supplies were delivered by the US Army Reserve to the <u>Texas Children's</u> <u>Hospital</u>.
- Emergency Health Kits are being supplied to clinics by organizations like <u>Direct Relief</u>. Two clinics- Gulf Coast Health Center (Port Arthur, TX) and the Triangle Area Network (Beaumont, TX) received kits with medicines/supplies to treat 100 people for 3-5 days.

Specific information regarding shelters:

Potential Isolation Units- One user is reporting there are medical isolation units in an unknown Dallas shelter for Harvey evacuees.

Recovery:

- Transitional Sheltering is offered by FEMA.
- Damage Assessments Texas Dept. of Insurance provides information on <u>avoiding contractor</u> <u>scams</u> and county officials recommend <u>documenting your damage</u>.
- FEMA Disaster Center opened in Rockport, TX.

Other relevant information:

- **US Postal Service** is <u>open for delivery</u> and retail services. Over <u>2,000</u> carriers began delivering mail on 03SEP2017 and are <u>delivering on Labor Day</u>.
- Debris Removal Fort Bend (TX) will begin <u>debris pick up</u> this week. The National Guard will clear debris in Rosenberg.
- Village Creek Bridge (Lumberton TX) is being repaired as of 04SEP2017.

Rumors:

TX Dept. of Insurance confirms FEMA <u>inspectors do not charge for inspections</u> and provides resources on how to report property damage.



ASPR/S1 Brief Hurricane Harvey Texas

Current as of: 0330 CDT 06SEP17
Contributors: SOC, SMOC, ASPR/OEM R6 Staff, CMOC, LNOs

ESF-8 UPDATES

BLUF: Six hospitals remain closed (3.7%). State officials continue to develop a vector control plan in collaboration with their federal partners and work on supplying local jurisdictions with tetanus vaccine. ~5,000 doses of TDAP vaccine arrived from FEMA; remaining vaccine is expected by end of week. SAMHSA began shelter assessments and collected data on behavioral health needs

Total ESF-8 costs to the state: \$32,958,338 (as of 0330 CDT on 6SEP17)

Over 750 total missions completed by the state and over 2,875 medical patients have been evacuated or transferred from multiple facilities (as of 0330 CDT on 6SEP17)

Patient Encounters by Federal Medical Teams (n=4,496) (as of 0330 CDT on 6SEP17):

- Dickinson High School (NY-4): 613 (+18)
- George Brown Convention Center (MN-1): 2,942 (+110)
- NRG Arena (CA-4): 120 (+4)
- Silsbee High School (GA-4): 488 (+62)
- Port Arthur/Jefferson Middle School (WA-1): 265 (+47)
- George Bush Intercontinental Airport (Closed): 4
- Rosenberg Fairgrounds (Closed): 64

Hospital Status (as of 0300 CDT 06SEP17)

- Totals
 - 6 (3.7%) hospitals evacuated/closed
 - 0 hospitals currently evacuating
 - 4 hospitals sheltering in place

Hospital Regional Breakdown (as of 0300 CDT 06SEP17)

Totals

- Houston
 - 2 (1.8%) hospitals evacuated/closed
 - East Houston Regional Medical Center
 - HealthSouth Rehab the Vintage
 - 0 hospitals in the process of being evacuated
 - 1 hospital is on internal disaster status and sheltering in place
 - Cornerstone of Houston Bellaire (census unavailable)

o Beaumont/Port Arthur Area

- 1 (4.3%) hospital evacuated/closed
 - Christus Dubuis Hospital South
- 0 hospitals in the process of being evacuated
- 2 hospitals on internal disaster status and sheltering in place
 - Medical Center of SE Texas (census unavailable)
 - Baptist Hospital of SE Texas (census unavailable)

Victoria

- 1 (9%) hospital evacuated/closed (not counting all Physicians Premiere)
 - Post Acute North
- 0 hospitals in the process of being evacuated
- 0 hospitals on internal disaster status and sheltering in place

o Corpus Christi

- 2 (11%) hospitals evacuated/closed (not counting all Physicians Premiere)
 - Care Regional Hospital (possible long-term)
 - Christus Spohn CC Memorial
- 0 hospitals in the process of being evacuated
- 1 hospital on internal disaster status and sheltering in place
 - Refugio Memorial Hospital (census unavailable)

Nursing Homes

• 50 nursing homes closed

Dialysis Facilities

- 13 dialysis facilities closed.
 - 10 will be closed long term due to major damage.

Intermediate Care/Facilities for Individuals with Intellectual Disabilities

32 ICF/IIDs closed

Medical Shelters (as of 1600 CST 5 SEP17)

Houston (Harris County)

NRG - 250 bed shelter – open (26 person census)

San Antonio (Bexar County)

• Shearer Hills Baptist - 105 bed shelter - open (35 person census)

Federal and State Activated Elements

Resources by Location

Houston (Harris County)

NRG Arena Staging

- Federal Assets
 - 1 Type I Disaster Medical Assistance Team (DMAT)

NRG Arena (Operational)

- Federal Assets
 - o 1 Type I DMAT

(Supporting FMS mission, not part of the Harris Co. Shelter Mission)

- 1 Federal Medical Station (FMS) (250 bed) operated by BCFS
- Emergency Medical Task Force (EMTF)
 - 1 Ambulance Strike Team (AST) (qty changing frequently)
 - o 2 Ambulance Bus (AMBUS)
 - Ambulance Strike Team Leader (ASTL) (qty changing frequently)
 - 1 Type I Staging Site
 - o Medical Incident Support Team (MIST) (qty changing frequently)
 - 10 Paratransit Vehicles
 - 4 Mortuary Trailers with associated personnel and trucks
- Other
 - Acadian Paratransit buses-2 (14 PAX each)- 4 buses, 2 vans
 - 10 SUVs (in use by MIST)

George Brown Convention Center (Houston)

- Federal Assets
 - o 3 Type 1 DMATs + cache
 - 1 FMS
 - o 1-US Public Health Services Rapid Deployment Force (RDF) (89 staff)

Dickinson High School

- Federal Assets
 - 1 Type I DMAT+ cache

Harris County

- Federal Assets
 - 1 Public Health Assessment Team (PHAT)
 - 1 Shelter Assessment Mission
- Other
 - o 1 Mortuary Trailer (at Institute of Forensic Science)

CMOC

- EMTF
 - o 19 ASTs

San Patricio County (Cities of Aransas Pass and Ingelside)

- EMTF
 - 1 Light AST/1 ASTL

Beaumont (Jefferson County)

Ford Park (511 I-10 South, 77705)

- EMTF
 - o 1 AST /1 ASTL
 - o 1 AMBUS
 - o 1 MIST staging

Orange (city)

- EMTF
 - o 1 Type I Heavy Mobile Medical Unit (MMU) (ER Style Bed Capacity: 32+)
 - o 2 Task Force Leader (TFL)
 - o 1 AMBUS
 - 2+ ASTs/3 ASTLs
 - o 9 MISTs
 - 2 Mortuary Trailers with associated personnel and trucks

Port Arthur (Jefferson County)

- Federal Assets
 - o 1 DMAT + cache

Silsbee (Hardin County)

- Federal Assets
 - 1 DMAT + cache

Galveston County Medical Examiner

- EMTF
 - Mortuary Trailer

San Antonio (Bexar County)

San Antonio Staging

- EMTF
 - 8 ASTs
 - 1 Type II Staging Site
 - 2 Forward Operating Group Supervisors (FOGS) (as Operations Managers)
 - Ground ambulances (qty changing frequently)

San Antonio International Airport and Stinson Airport (San Antonio, Bexar County)

- 10 FEMA Air Ambulances (rotary-wing)
- 1 EMTF Air Ambulance Strike Team (4 rotary-wing airframes)
 (last updated 5 Sep 17)

Jack Brooks Regional Airport (Nederland, Jefferson County)

• 3 Air ambulances (1 Strike Team)

Central Texas Regional Airport (Temple, Bell County)

• 14 FEMA Air Ambulances (fixed-wing)



HURRICANE HARVEY DISASTER RELIEF RESOURCES & INFORMATION

FEMA



Residents and business owners in designated counties who sustained disaster related damage due to tropical storm Harvey, and are able to do so, can apply for assistance by registering online at www.bisasterassistance.com. Registering online, at www.bisasterassistance.com. is the quickest way to register for FEMA assistance since the event will last several days and the full scope of damages may not be evident until the storm has passed.

If you do not have access to the internet you may register by calling 1-800-621-fema (3362) or 1-800-462-7585 (tty). If you use 711 relay or video relay service (vrs), call 800-621-3362 directly. The toll-free telephone numbers will operate from 6:00 a.m. To 10:00 p.m. (local time) seven days a week until further notice

VETERANS RESOURCES/BENEFITS HELP

- 1-877-WAR-VETS is an around the clock confidential call center where combat Veterans and their families can call to talk about their military experience or any other issue they are facing in their readjustment to civilian life.
- Department of Veterans Affairs' alerts and updates in response to Hurricane / Tropical Storm Harvey and veterans' benefits. http://www.blogs.va.gov/VAntage/hurricane-harvey/
- Benefit Payment Disruption What is the process to get your VA check http://www.blogs.va.gov/VAntage/40775/need-know-va-benefits-aftermath-hurricane-harvey/



- TexVet is dedicated to providing veterans, military members and their families with equal access to information. http://www.texvet.org/
- The Texas Veterans Portal connects veterans, their families, and caregivers to the benefits and services earned through their military service. https://veterans.portal.texas.gov/
- Fund for Veterans' Assistance Grantees Veterans in need of assistance should review the
 documents here to find organizations currently assisting Veterans in their county.
 https://www.tvc.texas.gov/wp-content/uploads/2017/09/2017-18-FVA-Grants-List.xlsx
- The Texas Tribune created a list of resources if you need help or would like to offer help here https://www.texastribune.org/2017/08/28/hurricane-harvey-relief-efforts-how-help/
- Combined Arms, Houston's hub for veterans, has its priorities in response to Harvey listed here. They will serve as the hub for veterans in need to be routed to available resources.



PHARMACY INFORMATION



Eligible veterans with a VA ID Card needing an emergency supply of medications will be able to go to any CVS or HEB pharmacy with a written prescription or active VA prescription bottle to receive a 14-day supply. Veterans needing assistance can also call the Heritage Health Solutions Veterans Help line at 1-866 265-0124 to speak to a representative.

SHELTERS

- Find an open shelter near you by texting SHELTER and your zip code to 4FEMA
 (43362). You can also use the <u>FEMA mobile app</u>. FEMA is also providing resources for
 people with disabilities, access and functional needs on its website.
- Houston <u>ABC 13 Eyewitness News</u> has updated shelter information.
 - -George R. Brown Convention Center at 1001 Avenida de las Americas (713) 853-8000
 - -MO Campbell Center at 1865 Aldine Bender Road (281) 985-6110
 - -Golden Acres Baptist Church at 2813 Pansy Street (281) 487-0582
 - -Forge for Families at 3435 Dixie (713) 660-1860
 - -Frank Dobie High School at 10220 Blackhawk Boulevard (713) 740-0370
 - -Pasadena High School at 206 South Shaver, Pasadena (713) 740-0310



- City of San Marcos
 - -San Marcos Activity Center at 501 E. Hopkins
- City of Bastrop
 - -First United Methodist Church of Bastrop at 1201 Main Street
- Smithville
 - -Smithville Recreation Center at 106 Gazley St. in Smithville,
- Austin
 - -7000 Metropolis Drive & Delco Center at 4601 Pecan Brook Drive
- San Antonio
 - -1734 Centennial Blvd. & San Antonio Shelter Hub at 201 Gemblet Street
- Mesquite
 - -15515 IH 20 in Mesquite
- Bruni/Webb County
 - -Bruni High School at 619 F. Ave. Bruni, Texas



HOUSING REPAIR



OPERATION FINALLY HOME Providing repair work in partnership with the Houston Builders Association for disabled veterans.

Email <u>contact@operationfinallyhome.org</u> or visit <u>www.operationfinallyhome.org</u>

EDUCATION & EMPLOYMENT

INFORMATION

Education:

For those individuals in the selective reserves mobilized or called to active duty in support of Hurricane Harvey under section 688, 12301(a), 12301(d), 12301(g), 12302, or 12304 of title 10, U.S.C.



- Schools should terminate affected students last day attended
- No debts will be established for tuition and fees for the term
- No debts will be created for the books and supplies stipend
- Monthly housing will be paid through the end of the month
- Entitled used during the period certified is restored (student who are Title 32 are not eligible to have entitlement restored)

Contact the Education Call Center at 1-888-442-4551 (Monday – Friday, 7 a.m. – 6 p.m. CST) for any questions about your GI Bill benefits.

Employment:

The U.S. Department of Labor is assisting with recovery efforts in communities affected by Hurricane Harvey which includes a variety of workplace safety, income, and job assistance. https://www.dol.gov/general/hurricane-recovery

WAYS TO HELP



AUSTIN DISASTER RELIEF NETWORK (ADRN) MONETARY DONATIONS: The ADRN is asking for donations to provide support to survivors and will be distributed in the form of gift cards, emergency housing, emergency transportation and/or building materials. Donations can be made https://adrn.org/give/.

IN-KIND DONATIONS: The Hope Family Thrift store located at 1122 E. 51st Street in Austin will have a receiving dock open Monday through Saturday from 10 a.m. to 5 p.m. to collect supplies donations.

Items Needed: toiletries, new pillows and blankets, cleaning supplies, utility knives, leather work gloves, inflatable mattresses, hand sanitizer and box fans.



	VOLUNTEERS: Sign-up information can be found here, https://adrnvolunteer.org/ or at 512-806-0800.
THE MISSION CONTINUES	The Mission Continues has transitioned all five Houston operations to long-term, ongoing Harvey recovery operations and needs volunteers of all ability levels. These efforts are led by Service Platoons in the following locations: - Kashmere Gardens - Independence Heights - KIPP North Campus - Sunnyside - Greater East End
AMERICAN RED CROSS	Accepting donations at www.redcross.org or by texting HARVEY to 90999 to donate \$10. 1-800-RED CROSS (1-800-733-2767).
AMERICARES	Provides medicine and supplies to survivors http://www.americares.org/
CATHOLIC CHARITIES GALVESTON/HOUSTON	Provides food, clothing, shelter and support services to those from all religious backgrounds. https://catholiccharities.org/
SALVATION ARMY	Accepting donations at http://disaster.salvationarmyusa.org/ or by calling 1-800-SAL-ARMY (1-800-725-2769) or texting STORM to 51555.
BLOOD DONATION	 AABB: Requesting blood donations. Most in demand: those with type O-positive blood. Call 301-907-6977 or visit www.aabb.org Carter BloodCare: covers hospitals in north, central and east Texas. To donate, call 877-571-1000 or text DONATE4LIFE to 444-999. America's Blood Centers: www.americasblood.org or 1-888-USBLOOD Armed Services Blood Program: http://www.militaryblood.dod.mil/ or at 703-681-5979
HURRICANE HARVEY RELIEF FUND	Setup by Houston's Mayor, Sylvester Turner, which is administered by the Greater Houston Community Foundation. Donate at www.ghcf.org
FOOD BANKS	 Houston: http://www.houstonfoodbank.org/ or at 832-369-9390 Corpus Christi: http://www.foodbankec.com/ or at 361-887-6291 Bastrop Food Pantry at 806 Fayette Street, Bastrop, Texas
TEXAS DIAPER BANK	Asking for diapers and wipes, which can be dropped off in person or mailed to 5415 Bandera Road, Suite 504, San



	Antonio, Tex., 78238. More info. http://www.texasdiaperbank.org/
ANIMAL RESCUE	 Austin Pets Alive: Needing foster parents and monetary / in-kind donations. Info at www.austinpetsalive.org Austin Humane Society: Needing foster parents and in-kind donations. Info at http://www.austinhumanesociety.org/ Austin Animal Center: If you find a stray cat or dog to exhaust all resources in seeking the home of the animal before bringing it into the shelter. Accepting donations of towels, food, bedding, toys and monies. More info on how you can support the AAC can be found at http://www.austintexas.gov/department/aac Houston Humane Society at Houstonhumane.org San Antonio Humane Society at Sahumane.org



Disaster Distress Helpline

PHONE: 1-800-985-5990 TEXT: "TalkWithUs" to 66746





http://disasterdistress.samhsa.gov

Like us on
Facebook:
http://facebook.com/
distresshelpline



Disaster Distress Helpline

PHONE: 1-800-985-5990 TEXT: "TalkWithUs" to 66746

Call 1-800-985-5990 or text 'TalkWithUs' to 66746

to get help and support for any distress that you or someone you care about may be feeling related to any disaster.

The *Helpline* and *Text Service* are:

- Available 24 hours a day,
 7 days a week, year-round
- Free (standard data/text messaging rates may apply for the texting service)
- Answered by trained crisis counselors.

TTY for Deaf / Hearing Impaired: 1-800-846-8517

Spanish-speakers: **Text "Hablanos" to 66746**



PHONE: 1-800-985-5990 TEXT: "TalkWithUs" to 66746

If you or someone you know is struggling after a disaster, you are not alone.



"Ever since the tornado, I haven't been able to get a full night's sleep ..."

> "I can't get the sounds of the gunshots out of my mind..."

"Things haven't been the same since my shop was flooded ..."

Taext-18-241 R-000608





Administered by the Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Dept. of Health and Human SHHS-981HHS)it 18-0241-00002493

Disaster Distress Helpline

PHONE: 1-800-985-5990 TEXT: "TalkWithUs" to 66746

Disasters have the potential to cause *emotional distress*.

Some are more at risk than others:

- Survivors living or working in the impacted areas (youth & adults)
- · Loved ones of victims
- First Responders, Rescue & Recovery Workers.

Stress, anxiety, and depression are common reactions after a disaster.

Warning signs of distress may include:

- · Sleeping too much or too little
- · Stomachaches or headaches
- Anger, feeling edgy or lashing out at others
- · Overwhelming sadness
- Worrying a lot of the time; feeling guilty but not sure why
- · Feeling like you have to keep busy
- Lack of energy or always feeling tired
- Drinking alcohol, smoking or using tobacco more than usual; using illegal drugs
- · Eating too much or too little
- · Not connecting with others
- Feeling like you won't ever be happy again.

TIPS FOR COPING WITH STRESS AFTER A DISASTER:

Take care of yourself. Try to eat healthy, avoid using alcohol and drugs, and get some exercise when you can- even a walk around the block can make a difference.

Reach out to friends and family. Talk to someone you trust about how you are doing.

Talk to your children. They may feel scared, angry, sad, worried, and confused. Let them know it's okay to talk about what's on their mind. Limit their watching of TV news reports about the disaster. Help children and teens maintain normal routines to the extent possible. Role model healthy coping.

Get enough 'good' sleep. Some people have trouble falling asleep after a disaster, others keep waking up during the night.

If you have trouble sleeping:

- Only go to bed when you are ready to sleep
- Don't watch TV or use your cell phone or laptop computer while you're in bed
- Avoid eating (especially sugar) or drinking caffeine or alcohol at least one hour before going to bed

Take care of pets or get outside into nature when it's safe. Nature and animals can help us to feel better when we are down. See if you can volunteer at a local animal shelter- they may need help after a disaster. Once it's safe to return to public parks or natural areas, find a quiet spot to sit in or go for a hike.



Know when to ask for help. Signs of stress can be normal, short-term reactions to any of life's unexpected events- not only after surviving a disaster, but also after a death in the family, the loss of a job, or a breakup.

It's important to pay attention to what's going on with you or with someone you care about, because what may seem like "everyday stress" can actually be:

- Depression (including having thoughts of suicide)
- Anxiety
- Alcohol or Drug Abuse.

If you or someone you know may be depressed, suffering from overwhelming feelings of anxiety, or possibly abusing alcohol or drugs ...

Call 1-800-985-5990 or text 'TalkWithUs' to 66746.

You Axe 18 242 k-000 one.



Disaster Distress Helpline

PHONE: 1-800-985-5990 TEXT: "TalkWithUs" to 66746

http://disasterdistress.samhsa.gov



Having Trouble Coping After a Disaster?



Having Trouble Coping?

After a disaster, many survivors (including children and teens), loved ones of victims, or first responders are at risk for distress. It's important to know when to ask for help. Signs of stress related to disaster may include:

- Eating or sleeping too much or too little
- Pulling away from people and things
- Having low or no energy
- Feeling numb or like nothing matters
- Having unexplained aches and pains
- Feeling helpless or hopeless
- Smoking, drinking, or using drugs more than you should

- Feeling unusually confused or forgetful; on edge, angry, or upset; or worried and scared
- Yelling or fighting with family and friends
- Having thoughts and memories you can't get out of your head
- Thinking of hurting or killing yourself or someone else
- Unable to perform daily tasks like taking care of your kids or getting to work or school

If you are experiencing any of these symptoms and they are making it hard to get things done, get through your day, or are getting worse, please call or text:

Disaste Hts SET 184241 40000011-5990 OVERSIGHT Text "TalkWithUs" to 66746

SAMHSA Disaster-Related Publications for Hurricane Harvey Relief

Mobile App:

SAMHSA Disaster App https://store.samhsa.gov/apps/disaster/Google Play | iTunes App Store | BlackBerry App World

Available for Hard-Copy Order:

- Crisis Counseling Assistance and Training Program (CCP) (SMA09-4373) http://store.samhsa.gov/product/SMA09-4373
- Disaster Distress Helpline Brochure (PEP12-DDHBRO) https://store.samhsa.gov/product/PEP12-DDHBRO
- Disaster Training and Technical Assistance (SMA11-4627) http://store.samhsa.gov/product/SMA11-4627
- Tips for Disaster Responders: Returning to Work (SMA14-4870) http://store.samhsa.gov/product/SMA14-4870
- Tips for Supervisors of Disaster Responders: Helping Staff Manage Stress When Returning to Work (SMA14-4871) - http://store.samhsa.gov/product/SMA14-4871
- Mental Health All-Hazards Disaster Planning Guidance (SMA03-3829) http://store.samhsa.gov/product/SMA03-3829
- Tips for Disaster Responders: Cultural Awareness When Working in Indian Country Post Disaster (SMA14-4867) http://store.samhsa.gov/product/SMA14-4867
- Tips for Disaster Responders: Understanding Historical Trauma When Responding to an Event in Indian Country (SMA14-4866) http://store.samhsa.gov/product/SMA14-4866
- Talking With Children: Tips for Caregivers, Parents, and Teachers During Infectious Disease
 Outbreaks (SMA14-4886) http://store.samhsa.gov/product/SMA14-4886
- Tips for College Students: After a Disaster or Other Trauma: R U A Survivor of a Disaster or Other Trauma? How R U Doing? (SMA13-4778) http://store.samhsa.gov/product/SMA13-4778
- Coping with Stress During Infectious Disease Outbreaks (SMA14-4885) http://store.samhsa.gov/product/SMA14-4885
- Tips for Disaster Responders: Identifying Substance Misuse in the Responder Community (SMA14-4874) - http://store.samhsa.gov/product/SMA14-4874
- Tips for Families of Returning Disaster Responders: Adjusting to Life at Home (SMA14-4872) http://store.samhsa.gov/product/SMA14-4872
- Disaster Behavioral Health Preparedness and Response Resources: Resources for Resilient Individuals and Communities (DTAC11-CATALOG) - http://store.samhsa.gov/product/DTAC11-CATALOG
- Communicating in a Crisis: Risk Communication Guidelines for Public Officials (SMA02-3641) http://store.samhsa.gov/product/SMA02-3641
- Building Bridges: Mental Health Consumers and Representatives of the Disaster Response
 Community in Dialogue (SMA07-4250) http://store.samhsa.gov/product/SMA07-4250
- Disaster Application Promotional Wallet Card (PEP13-DKAPPCRD) http://store.samhsa.gov/product/PEP13-DKAPPCRD



- Field Manual for Mental Health and Human Service Workers in Major Disasters (ADM90-0537)
 http://store.samhsa.gov/product/ADM90-0537
- Tips for Disaster Responders: Understanding Compassion Fatigue (SMA14-4869) http://store.samhsa.gov/product/SMA14-4869
- SAMHSA's Disaster Kit (SMA11-DISASTER) http://store.samhsa.gov/product/SMA11-DISASTER
- TAP 34: Disaster Planning Handbook for Behavioral Health Treatment Programs (SMA13-4779)
 http://store.samhsa.gov/product/SMA13-4779
- Tips for Talking With and Helping Children and Youth Cope After a Disaster or Traumatic Event: A Guide for Parents, Caregivers, and Teachers (SMA12-4732) http://store.samhsa.gov/product/SMA12-4732
- Tips for Health Care Practitioners and Responders: HELPING SURVIVORS COPE WITH GRIEF AFTER A DISASTER OR TRAUMATIC EVENT (SMA17-5036) https://store.samhsa.gov/product/SMA17-5036
- Tips for Survivors: COPING WITH GRIEF AFTER A DISASTER OR TRAUMATIC EVENT (SMA17-5035) - https://store.samhsa.gov/product/SMA17-5035
- How To Cope With Sheltering in Place (SMA14-4893) http://store.samhsa.gov/product/SMA14-4893
- Tips for Survivors: Coping With Grief After Community Violence (SMA14-4888) http://store.samhsa.gov/product/SMA14-4888
- Tips for Disaster Responders: Preventing and Managing Stress (SMA14-4873) http://store.samhsa.gov/product/SMA14-4873
- Tips for College Students: After a Disaster or Other Trauma (SMA13-4777) http://store.samhsa.gov/product/SMA13-4777
- Tips for Survivors of a Disaster or Other Traumatic Event: Managing Stress (SMA13-4776) http://store.samhsa.gov/product/SMA13-4776
- Tips for Survivors of a Disaster or Traumatic Event: What to Expect in Your Personal, Family,
 Work, and Financial Life (SMA13-4775) http://store.samhsa.gov/product/SMA13-4775
- A Guide to Managing Stress in Crisis Response Professions (SMA05-4113) http://store.samhsa.gov/product/SMA05-4113
- Mental Health Response to Mass Violence and Terrorism, A Field Guide (SMA05-4025) http://store.samhsa.gov/product/SMA05-4025
- Mental Health Response to Mass Violence and Terrorism: A Training Manual (SMA04-3959) http://store.samhsa.gov/product/SMA04-3959
- Developing Cultural Competence in Disaster Mental Health Programs (SMA03-3828) -http://store.samhsa.gov/product/SMA03-3828
- Disaster Mobile Application Promotional Postcard (PEP13-DKAPPPOST) http://store.samhsa.gov/product/PEP13-DKAPPPOST
- Having Trouble Coping After a Disaster? Talk With Us (PEP12-DDHCARD) http://store.samhsa.gov/product/PEP12-DDHCARD
- Psychological First Aid for First Responders: Tips for Emergency and Disaster Response
 Workers (NMH05-0210) http://store.samhsa.gov/product/NMH05-0210
- Psychosocial Issues for Children and Adolescents in Disasters (ADM86-1070R) http://store.samhsa.gov/product/ADM86-1070R



- Disaster Recovery Resources for Substance Abuse Treatment Providers CD ROM (November 2007) (AVD227) - http://store.samhsa.gov/product/AVD227
- Responding to Terrorism Victims: Oklahoma City and Beyond (BKD429) http://store.samhsa.gov/product/BKD429
- How to Deal with Grief (KEN01-0104) https://store.samhsa.gov/product/KEN01-0104
- SAMHSA Behavioral Health Disaster Response Mobile App (PEP13-DKAPP-1) http://store.samhsa.gov/product/PEP13-DKAPP-1
- SAMHSA News (January/February 2011, Vol. 19, No. 1): Behavioral Health and Social Media (SAM11-191) - http://store.samhsa.gov/product/SAMHSA-News-Behavioral-Health-and-Social-Media/SAM11-191
- SAMHSA News (Summer 2013, Vol. 21, No. 3): Landmark Mental Health Conference Convened (SAM13-213) http://store.samhsa.gov/product/SAM13-213
- Culture Card: American Indian and Alaska Native: A Guide to Build Cultural Awareness (SMA08-4354) - http://store.samhsa.gov/product/SMA08-4354
- National Suicide Prevention Lifeline: Having Trouble Coping After a Disaster: There Is Hope (Wallet Card) (SVP13-0155) - http://store.samhsa.gov/product/SVP13-0155

Spanish Publications:

- How To Cope With Sheltering in Place (Spanish) (SMA14-4893SPANISH) http://store.samhsa.gov/product/SMA14-4893SPANISH
- Talking With Children: Tips for Caregivers, Parents, and Teachers During Infectious Disease
 Outbreaks (Spanish) (SMA14-4886SPANISH) http://store.samhsa.gov/product/SMA14-4886SPANISH
- Coping with Stress During Infectious Disease Outbreaks (Spanish) (SMA14-4885SPANISH) http://store.samhsa.gov/product/SMA14-4885SPANISH
- Tips for Disaster Responders: Identifying Substance Misuse In The Responder Community (Spanish Version) (SMA14-4874SPANISH) - http://store.samhsa.gov/product/SMA14-4874SPANISH
- Tips for Disaster Responders: Preventing And Managing Stress (Spanish Version) (SMA14-4873SPANISH) - http://store.samhsa.gov/product/SMA14-4873SPANISH
- Tips for Families of Returning Disaster Responders: Adjusting To Life At Home (Spanish Version) (SMA14-4872SPANISH) - http://store.samhsa.gov/product/SMA14-4872SPANISH
- Tips for Supervisors of Disaster Responders: Helping Staff Manage Stress When Returning To Work (Spanish Version) (SMA14-4871SPANISH) - http://store.samhsa.gov/product/SMA14-4871SPANISH
- Tips for Disaster Responders: Returning to Work (Spanish Version) (SMA14-4870SPANISH) http://store.samhsa.gov/product/SMA14-4870SPANISH
- Tips for Disaster Responders: Understanding Compassion Fatigue (Spanish Version) (SMA14-4869SPANISH) - http://store.samhsa.gov/product/SMA14-4869SPANISH
- Tips for College Students: After a Disaster or Other Trauma (Spanish Version) (SMA13-4777SPANISH) http://store.samhsa.gov/product/SMA13-4777SPANISH
- Tips for Survivors of a Disaster or Other Traumatic Event: Managing Stress (Spanish Version)
 (SMA13-4776SPANISH) http://store.samhsa.gov/product/SMA13-4776SPANISH



- Tips for Survivors of a Disaster or Traumatic Event: What to Expect in Your Personal, Family, Work, and Financial Life (Spanish Version) (SMA13-4775SPANISH) http://store.samhsa.gov/product/SMA13-4775SPANISH
- Sugerencias para hablar con niños y jóvenes y ayudarlos a hacer frente después de un desástre o un evento traumático: una guía para padres, cuidadores y maestros (SMA12-4732SPANISH) - http://store.samhsa.gov/product/SMA12-4732SPANISH
- Crisis Counseling Assistance and Training Program (CCP) (Spanish Version) (SMA09-4373SPANISH) - http://store.samhsa.gov/product/SMA09-4373SPANISH
- Having Trouble Coping After a Disaster? There Is Hope. National Suicide Prevention Lifeline
 Wallet Card (Spanish version) (SVP06-0155S) http://store.samhsa.gov/product/SVP06-0155S

Punjabi Publications:

- Tips for Survivors of a Traumatic Event Managing Your Stress (Punjabi Version) (NMH05-0209PUNJABI) - http://store.samhsa.gov/product/NMH05-0209PUNJABI
- How to Deal with Grief (Punjabi Version) (KEN01-0104PUNJABI) http://store.samhsa.gov/product/KEN01-0104PUNJABI
- Tips for Talking to Children and Youth After Traumatic Events: A Guide for Parents and Educators (Punjabi Version) (KEN01-0093PUNJABI) - http://store.samhsa.gov/product/KEN01-0093PUNJABI

NIDA Resources:

- Easy to Read Drug Facts: https://easyread.drugabuse.gov/
- Human Trafficking and Drugs: https://teens.drugabuse.gov/blog/post/human-trafficking-and-drugs

Crisis Hotlines and Helpline:

- **Disaster Distress Helpline** (24/7/365, free, confidential crisis counseling): www.samhsa.gov/find-help/disaster-distress-helpline
 - o Call 1-800-985-5990 or text TalkWithUs to 66746
 - En español:
- National Suicide Prevention Lifeline (24/7/365, free, confidential crisis counseling):
 www.suicidepreventionlifeline.org
 - o Call **1-800-273-TALK** (8255); TTY: 1-800-799-4889
- **SAMHSA's National Helpline** (24/7/365 treatment referral & routing services): www.samhsa.gov/find-help/national-helpline
 - Call 1-800-662-HELP (4357); TTY: 1-800-487-4889

Treatment Locator Services (web-based):

- Behavioral Health Treatment Services Locator: findtreatment.samhsa.gov/
- Buprenorphine Physician & Treatment Program Locator: www.samhsa.gov/medication-assisted-treatment/physician-program-data/treatment-physician-locator
- Opioid Treatment Program Directory: dpt2.samhsa.gov/treatment/



From: IRCT2.PLANS (HHS/ASPR) Sent: 3 Oct 2017 22:19:14 +0000

To: young.patrick@epa.gov;Woolfolk, Jyl

(OS/ASPR/OPP);whamilton@apprioinc.com;Weeks, Cole (HRSA);Teuscher, David (HHS/IEA); Taylor, Amyo (OS/ASPR/OEM); Stevermer, Andrew (OS/ASPR/OEM); Ritter, Trov

(CDC/ONDIEH/NCEH);Martin Jr, Richard;Reyes, Hernan (HRSA);'cherynwatkins(b)(6)

EMGPLAN (HHS/ASPR);mmoakley@michaeldbaker.com;Massoudi, Mehran

(HHS/OASH);mary.curry-ledbetter@j-mglobal.com;Mangieri, William (OS/ASPR/OEM);Mollie

Mahany;Luckhaupt, Sara E. (CDC/NIOSH/DSHEFS);IRCT2.PLANS (HHS/ASPR);IRCT2.ANF

(HHS/ASPR); Houlahan, Dan (ACF); Hearod, Karen (SAMHSA); Hastings, Elizabeth

(OS/ASPR/OEM); Gail Fraser Chanpong; Forde, Kent

(HRSA);Emily.Meyer@fema.dhs.gov;d.iacobazzi^{(b)(6)}

De'An;cj@cjhuff.com;cindy.mcmurtrie@jandmrecoveryteam.org;Barnes, Joshua (OS/ASPR/OEM);Ball, Harvey

(ACF);amit.patel@fema.dhs.gov;ali.hochreiter@jandmrecoveryteam.org;Albright, Timothy

(Matt) (FDA/ORA);Lothrop, Julia (HHS/IEA);Scyphers, Bryan (HHS/ASPR);Jaynes, Kenny;Dawson,

Richard; Woodhams, Katrina; Rickard, Wayne; Jones, Carol; Kirchoff,

John;mickie@valenteadvisors.com;Sebenoler, Richard;Pope Jackson, LaKesha (ACF);Grissom,

Amy (ACF); Wyld, Nancy; McBreairty, Susan J. (ATSDR/OCOM)

IMT Sitrep 03Oct17 Harvey #19 Subject:

Attachments: 10-3 SITREP Recovery IMT SitRep 19.pdf

Don Iacobazzi

Planning Officer HSS RSF

2017 Hurricane Harvey Recovery IMT - Austin

Phone: 630.202.6343 | Email: IRCT2.PLANS@HHS.GOV



OS



United States Department of Health & Human Services Office of the Assistant Secretary for Preparedness and Response (ASPR) 2017 Harvey Recovery IMT Situation Report

1. Incident Name: 2017 Harvey Recovery	2. Reporting Pe Start: (Date/Ti 10-3-2017 08	ime):	3.Reporting End: (Date/Time) 10-3-2017 1700	3. Prepared (Date/Time): 10-3-2017 1700	4. Report #:	
5. Prepared by: Donald Iacobazzi, Plan	. Prepared by: onald Iacobazzi, Planning Section 6. Email: IRCT2.Plans@hhs.gov				7. Phone: 630-202-6343	
8. Reporting Entity: Health and Social Services (HSS)						

Current Situation:

Participated in HHS RSF Coordination Call for Harvey, Irma and Maria and gained insight into issues and recovery efforts from our primary and supporting agencies.

HEALTH CARE SYSTEMS RECOVERY BRANCH

Met with representatives from the Federal Deposit Insurance Corporation (FDIC), Dallas Regional Office and Federal Reserve Bank Houston Branch who expressed an interest in learning more about identified and projected recovery needs and potentially partnering/coordinating recovery efforts with the local and regional banking community. Identified healthcare infrastructure, transportation support, and healthcare workforce issues as areas of need that could be assisted/augmented by the banking or philanthropic sectors.

Participated in the *Pregnant and Postpartum Women and Infants Work Group* - 2017 Hurricanes call. The Branch is seeking ways to incorporate/utilize resources and guides shared through this group to assess and address the needs of the perinatal population.

A compilation of hurricane and disaster related resources was published through the HRSA Community Health Center newsletter. Submitted "Helping Families Deal with the Stress of Relocation after a Disaster" article for future publication.

Summarized research on Care Regional Medical Center into a final draft format, pending requested additional facility data; chronic disease, major and minor trauma volume, number of live births.

PUBLIC HEALTH/ENVIRONMENTAL HEALTH RECOVERY BRANCH

Responded to FEMA HQ, Occupational Safety and Health Branch Chief with an informal brief about conditions observed in DRC #18 and DRC #40.

Participated in the RSF branch meeting to discuss the issue of Private Water Wells with FEMA PA to inform other RSFs about the visibility of this project and opportunities for them to participate.

Shared information about printed health communications materials related to mold cleanup available through the HSS RSF with partners at TDSHS.

Compiled information about NIEHS Worker Training Program activities in Texas post-Hurricane Harvey to help inform the plan to implement Emergency Responder Health Monitoring and Surveillance (ERHMS).

Worked with the state to determine the next site for HSS Field Assessment.

HUMAN SERVICES RECOVERY BRANCH

Worked on the Human Services Branch MSA components from Behavioral Health, Schools, Children & families, Disaster Case Management, Seniors, and Social Services.





United States Department of Health & Human Services Office of the Assistant Secretary for Preparedness and Response (ASPR) 2017 Harvey Recovery IMT Situation Report

Welcomed the State of Texas Behavioral Health LNO to our group at the JFO. Worked with Texas Health and Human Services Commission - Behavioral Health Services to convene an initial workgroup meeting focused on Behavioral Health across the spectrum of individuals impacted by Harvey.

Discussed with the Texas Health and Human Services Commission, Emergency Services Program Director the submission of the DCM (State Grant) application. Connected for continuity with the HHS RSF HSS Human Services group, so that whoever is on this team will have the connection to HHSC – ESP.

Worked with FEMA VALs, US DOT (ESF#1- Transportation) and others on issues relating to public transportation for low-income individuals and the 190,000+ individuals and families that have reported loss of a vehicle due to storm damage.

Met with Branch Directors regarding the next phase of Landscape assessments to be conducted.

Acron	Acronyms:		100 9 100 11
ACF	Administration for Children and Families	MH	Mental Health
ASTDR	Agency for Toxic Substances and Disease	MRC MSA	Medical Reserve Corps
	Registry		Mission Scoping Assessment
вн	Behavioral Health	NIEHS	National Institute of Environmental
CDC	Centers for Disease Control and		Health Sciences
	Prevention	NIOSH	National Institute for Occupational Safety
CLIA	Clinical Laboratory Improvement	****	and Health
	Amendments	NRDR	National Retail Data Monitor
CMS	Centers for Medicare and Medicaid	ONA	Other Needs Assistance
	Services	OSHA	Occupational Safety and Health
СРСВ	Community Planning and Capacity Building		Administration
DCM	Disaster Case Management	OTC	over-the-counter
DRC	Disaster Recovery Center	PA	Public Assistance
DSHS	Department of State Health Services	PDAD	Populations Disproportionately Affected
DSNAP	Disaster Supplemental Nutrition Assistance		by Disasters
	Program	PH	Public Health
EH	Environmental Health	PII	Personal Identifiable Information
EOC	Emergency Operations Center	PRA	Paperwork Reduction Act
EPA	Environmental Protection Agency	RFI	Request for Information
ERHMS	Emergency Responder Health Monitoring	RSF	Recovery Support Function
	and Surveillance	SDRC	State Disaster Recovery Coordinator
ESRD	End Stage Renal Disease	SAMHSA	Substance Abuse and Mental Health
FDIC	Federal Deposit Insurance Corporation	TOTO	Services Administration
FDRC	Federal Disaster Recovery Coordinator	TCEQ	Texas Commission on Environmental
FMS	Federal Medical Station	TDCUC	Quality
GIS	Geographic Information System	TDSHS	Texas Department State Health Service
HHSC	Health & Human Services Commission	TEA TEEX	Texas Education Agency
HRSA	Health Resources and Services	TSA	TX A&M Engineering Extension Service
	Administration	USACE	Temporary Shelter Assistance US Army Corps of Engineers
HSS	Health and Social Services	USDA	United States Department of Agriculture
HUD	U.S. Department of Housing and Urban	UT-SPH	University of Texas, School of Public
5-10-10-	Development	01-3FH	Health
IA	Individual Assistance	VAL	Volunteer Agency Liaison
IDCM	Immediate Disaster Case Management	VAL	Volunteer Agency Elaison Volunteer Organizations Active in
IMT	Incident Management Team	VOAD	Disasters
JIC	Joint Information Center	VA	U. S. Department of Veteran's Affairs
JFO	Joint Field Office	VT	Virginia Tech
LNO	Liaison Officer	WTP	Worker Training Program
			Worker Training Frogram



United States Department of Health & Human Services Office of the Assistant Secretary for Preparedness and Response (ASPR) 2017 Harvey Recovery IMT Situation Report

9. Deployed Tea	9. Deployed Teams/Personnel					
	Kind/Type		# Prs	Notes		
HSS Nationa	HSS National Recovery Coordinator		1			
HSS Field C	HSS Field Coordinator		1			
CDC	CDC		3			
ACF	ACF		1			
FDA	FDA		1			
HRSA	HRSA		2			
Contractor	Contractor		6			
Incident Ma	Incident Management Team (IMT)		3			
Total HSS Personnel Deployed w/contractors			17	Federal Personnel Deployed w/Coordinator 11		
Submitted by:	ubmitted by: Donald Iacobazzi, Planning Officer			10-3-2017		
Approved by:	pproved by: CDR Jyl Woolfolk			10-3-2017		

Data Analysis Cindy McMurtrie

2017 Hurricane Harvey Recovery IMT Staff Contact List 40/02/2047 +20

10/03/2017 v28						
TITLE	Location	NAME (Last, First)		Cell Phone	Email	
Recovery				(b)(6)		
National Recovery Coordinator	Virtual	Barnes	Joshua		joshua.barnes@hhs.gov	
HSS RSF Field Coordinator	Remote	Hastings	Betty		elizabeth.hastings@hhs.gov	
HSS Deputy Field Coordinator	JFO-Austin	Woolfolk	Jyl		jyl.woolfolk@hhs.gov	
Recovery Coordinator -Analyst	JFO-Austin	Curry-Ledbetter	Mary		mary.curry-ledbetter@j-mglobal.com	
Analyst - Human Services	JFO-Austin	Hochreiter	Ali		ali.hochreiter@jandmrecoveryteam.org	
Analyst - Public Health	JFO-Austin	Moakley	Maggie		mmoakley@michaeldbaker.com	
Analyst - Health Care Systems	JFO-Austin	McMurtrie	Cindy		cindy.mcmurtrie@jandmrecoveryteam.org	
FEMA Liasion	JFO-Austin	Patel	Amit		amit.patel@fema.dhs.gov	
Human Services Recovery Branch	JFO-Austin	Houlahan	Dan		dan.houlahan@acf.hhs.gov	
Immediate <u>D</u> isaster <u>C</u> ase <u>M</u> anager	JFO-Austin	Weeks	Cole		cweeks@hrsa.gov	
Community Health Programs	JFO-Austin	Benke	Maria		mbenke@hrsa.gov	
Public Health/Environ Health Branch	JFO-Austin	Mahany	Mollie		mmahany@cdc.gov	
CDC Public Health Analyst	JFO-Austin	Luckhaupt	Sara		sluckhaupt@cdc.gov	
Environmental Health	JFO-Austin	Albright	Matt		Timothy.Albright@fda.hhs.gov	
Environmental Health	JFO-Austin	Fraser Chanpong	Gail		gfraser@globaltechpartners.org	
NIEHS Contractor	Houston	Rudolph	Scot		scot.rudolph@	
PLANS Section Chief	JFO-Austin	Scyphers	Bryan		bryan.scyphers@hhs.gov	
Planning Officer	JFO-Austin	lacobazzi	Don		irct2.plans@hhs.gov	
Admin/Finance Section Chief	JFO-Austin	Wilkerson	Michael		irct2.anf@hhs.gov	
Regional Health Administrator R- VI	Dallas, TX	Massoudi	Mehran		Mehran.Massoudi@hhs.gov	
Regional Director Region VI	Dallas, TX	Teuscher	David		David.Teuscher@hhs.gov	



From:Lothrop, Julia (HHS/IEA)Sent:29 Sep 2017 20:19:14 +0000To:Teuscher, David (HHS/IEA)

Cc: Gooden, Shelby (HHS/IEA);Singleton, Ladonna (HHS/IEA);Moore,

Veronica (HHS/IEA)

Subject: Information for IEA Bi-Weekly Call on Monday

Attachments: Information for IEA Bi.docx

Importance: High

Information for IEA Bi-Weekly Call Monday, Oct. 2, 2017

Hurricane Harvey

- RD viewed Harris County zone of injury with House Speaker Paul Ryan, Senators Cornyn and Cruz, Congressmen Brady and McCaul, among others House Committee leaders.
- RD met with HUD Secretary and toured HUD hospital impacted by Hurricane Harvey.
- RD met with City of Houston Health Director Stephen Williams.
- RD has spent much of last two weeks in Austin at Recovery Operation Centers.
- RD met with faith entities in Beaumont and Port Arthur that are working together to provide shelter, food and recovery support for Harvey evacuees.
- RD met with Recovery Operations on Aransas County schools, Head Start and health care facilities
- RD participated in DFW FEB Joint Board meeting and shared HHS Harvey recovery information
- Oct. 2 RAC and Senior Staff meetings reporting out on Hurricane Harvey activities including information on recovery, medical reserve corps, child care, facility update, etc.

Childhood Obesity

 RD participated in meetings with IEA policy staff, ACF, OASH and CDC staffs and City of San Antonio officials focused on teen pregnancy, childhood obesity and diabetes. Resources were shared with City officials concerning funding and local points of contacts for collaboration.

Opioids

- Staff participated in Drugs and Access Parent Information meeting in Addison, TX
- Staff Coordinated HHS Livestream Opioid events in McKinney, and Hurst Texas, and Oklahoma City Oklahoma.

Other



- Staff participated in Catholic Charities Annual Gathering Houston, CMS exhibit table and met with Integrated Health national lead and health directors from region 6 cities on Secretaries priorities.
- Staff participated in Sexual Assault Response Task Force meeting in Dallas, TX
- RD met new Dallas Police Chief
- Staff participated in Stop the Violence Conference in Fort Worth, TX
- Regional office hosted earthquake drill for all employees





Information for IEA Bi-Weekly Call Monday, September 18, 2017

Hurricane Harvey

- CMS Administrator Seema Verma in Houston today to visit facilities, meet with hospital executives, Congressional members and Josh Barnes about recovery efforts.
- Worked with Betty Hastings on Port Arthur volunteer support from churches.
- o Spent much of last two weeks in Austin at Emergency Operation Centers.
- Sept. 11 RAC and Senior Staff meetings reporting out on Hurricane Harvey activities including information on recovery, medical reserve corps, child care, facility update, and information on private well testing.
- Visits to Dallas MegaShelter
- Meeting with Dallas County Judge Clay Jenkins to discuss Harvey efforts and HHS Secretarial priorities in Dallas County.
- Texas Medical Association Fall Conference discussion with Mr. Kirk Cole, Senior advisor to the Texas Department of State Health Services and Incident Commander for the State Medical Operations Center,. Dr. Carlos Cardenas, President, TMA, moderator.

Childhood Obesity

- Meeting with Dr. Donald Wesson, President Baylor Scott & White Health and Wellness Center and staff. The meeting included discussions around innovative programs to improve access and community health.
 - Tweeners- program of over 100 preteen kids addressing the issue of childhood obesity that focuses on healthy eating, food preparation and fitness. The ultimate goal is for the kids to serve as a conduit for improving eating habits and fitness with the adults in the home, ultimately creating lifestyle changes of the entire family.
 - Farmstand- partnership between neighborhood churches and the wellness center that offers fresh fruits and vegetables to the community 5 days a week.
 - Community Advisory Board that includes participation from 30 churches and community members to promote wellness and preventive care in the community.
- DEA staff invited to join American Heart Association, local leaders, community and faith partners on collaborative to improve health in Dallas County

Opioids

- Participated in Challenge of Tarrant County's Prevention Providers Coalition Meeting in Fort Worth, Texas and the Collin County Substance Abuse Coalition in McKinney, Texas. Some topics of discussion included the coalitions efforts with the National Prescription Drug Take Back Day (October 28th) and Red Ribbon Week (Oct 23-31.
- We are working with partners throughout Region VI who agreed to host a post-broadcast conversation Sep 27th after the HHS *Opioids: Recovery, Prevention, & Hope* Live Stream.
 - Here are the partners who are confirmed so far:
 - Challenge of Tarrant County is hosting a post-broadcast conversation at the Lena Pope Center in Fort Worth, Texas that will hold 85 people. They are inviting



leaders from a Tarrant County Spiritual Network and host of faith leaders, treatment and prevention providers, first responders, educators and other community leaders.

- Collin County Substance Abuse Coalition is hosting a post-broadcast conversation in McKinney, Texas. They are inviting a host of faith leaders, treatment and prevention providers, first responders, educators and other community leaders.
- Collaborating with HRSA and CHC's that received recent opioid funding to host postbroadcast conversations with local leaders, the faith community and clinic staff in recognition of National Recovery Month the week on September 27th and throughout the week.
- Meeting with local community, faith and healthcare partners to share HHS priorities, Harvey updates and continued collaboration opportunities on HHS initiatives hosted by the Community Council of Greater Dallas.

Other

 IEA staff to participate in Infant Mortality Summit on hosted by Dallas Healthy Start at local church to address the issues, pre and post pregnancy, affecting women and infant deaths within one year of childbirth. The discussion will also include how mental health and substance use affect this issue.



From: Lothrop, Julia (HHS/IEA)

Sent: 18 Sep 2017 00:44:22 +0000

To: Teuscher, David (HHS/IEA)

Subject: Information for IEA Bi-Weekly Call tomorrow

Attachments: Information for IEA Bi.docx

Importance: High

Hi David,

I hope all went well with the TMA event yesterday.

Below and attached is the information we pulled together for the IEA Bi-Weekly meeting tomorrow at 12:30 CT. Dial in is 301-451-6102.

If you can't make the call, I will report out for you. Not sure if you will get to tag along with Angela in Houston. Just let me know.

All the best,

Julia

Information for IEA Bi-Weekly Call Monday, September 18, 2017

Hurricane Harvey

- CMS Administrator Seema Verma in Houston today to visit facilities, meet with hospital executives, Congressional members and Josh Barnes about recovery efforts.
- o Worked with Betty Hastings on Port Arthur volunteer support from churches.
- Spent much of last two weeks in Austin at Emergency Operation Centers.
- Sept. 11 RAC and Senior Staff meetings reporting out on Hurricane Harvey activities including information on recovery, medical reserve corps, child care, facility update, and information on private well testing.
- Visits to Dallas MegaShelter
- Meeting with Dallas County Judge Clay Jenkins to discuss Harvey efforts and HHS Secretarial priorities in Dallas County.
- Texas Medical Association Fall Conference discussion with Mr. Kirk Cole, Senior advisor to the Texas Department of State Health Services and Incident Commander for the State Medical Operations Center,. Dr. Carlos Cardenas, President, TMA, moderator.

Childhood Obesity

- Meeting with Dr. Donald Wesson, President Baylor Scott & White Health and Wellness Center and staff. The meeting included discussions around innovative programs to improve access and community health.
 - Tweeners- program of over 100 preteen kids addressing the issue of childhood obesity that focuses on healthy eating, food preparation and fitness. The ultimate goal is for



- the kids to serve as a conduit for improving eating habits and fitness with the adults in the home, ultimately creating lifestyle changes of the entire family.
- Farmstand- partnership between neighborhood churches and the wellness center that offers fresh fruits and vegetables to the community 5 days a week.
- Community Advisory Board that includes participation from 30 churches and community members to promote wellness and preventive care in the community.
- IEA staff invited to join American Heart Association, local leaders, community and faith partners on collaborative to improve health in Dallas County

Opioids

- Participated in Challenge of Tarrant County's Prevention Providers Coalition Meeting in Fort Worth, Texas and the Collin County Substance Abuse Coalition in McKinney, Texas. Some topics of discussion included the coalitions efforts with the National Prescription Drug Take Back Day (October 28th) and Red Ribbon Week (Oct 23-31.
- We are working with partners throughout Region VI who agreed to host a post-broadcast conversation Sep 27th after the HHS *Opioids: Recovery, Prevention, & Hope* Live Stream.

Here are the partners who are confirmed so far:

- Challenge of Tarrant County is hosting a post-broadcast conversation at the Lena Pope Center in Fort Worth, Texas that will hold 85 people. They are inviting leaders from a Tarrant County Spiritual Network and host of faith leaders, treatment and prevention providers, first responders, educators and other community leaders.
- Collin County Substance Abuse Coalition is hosting a post-broadcast conversation in McKinney, Texas. They are inviting a host of faith leaders, treatment and prevention providers, first responders, educators and other community leaders.
- Collaborating with HRSA and CHC's that received recent opioid funding to host postbroadcast conversations with local leaders, the faith community and clinic staff in recognition of National Recovery Month the week on September 27th and throughout the week.
- Meeting with local community, faith and healthcare partners to share HHS priorities,
 Harvey updates and continued collaboration opportunities on HHS initiatives hosted by the Community Council of Greater Dallas.

Other

 IEA staff to participate in Infant Mortality Summit on hosted by Dallas Healthy Start at local church to address the issues, pre and post pregnancy, affecting women and infant deaths within one year of childbirth. The discussion will also include how mental health and substance use affect this issue.





Information for IEA Bi-Weekly Call Monday, September 18, 2017

Hurricane Harvey

- CMS Administrator Seema Verma in Houston today to visit facilities, meet with hospital executives, Congressional members and Josh Barnes about recovery efforts.
- Worked with Betty Hastings on Port Arthur volunteer support from churches.
- o Spent much of last two weeks in Austin at Emergency Operation Centers.
- Sept. 11 RAC and Senior Staff meetings reporting out on Hurricane Harvey activities including information on recovery, medical reserve corps, child care, facility update, and information on private well testing.
- o Visits to Dallas MegaShelter
- Meeting with Dallas County Judge Clay Jenkins to discuss Harvey efforts and HHS Secretarial priorities in Dallas County.
- Texas Medical Association Fall Conference discussion with Mr. Kirk Cole, Senior advisor to the Texas Department of State Health Services and Incident Commander for the State Medical Operations Center,. Dr. Carlos Cardenas, President, TMA, moderator.

Childhood Obesity

- Meeting with Dr. Donald Wesson, President Baylor Scott & White Health and Wellness Center and staff. The meeting included discussions around innovative programs to improve access and community health.
 - Tweeners- program of over 100 preteen kids addressing the issue of childhood obesity that focuses on healthy eating, food preparation and fitness. The ultimate goal is for the kids to serve as a conduit for improving eating habits and fitness with the adults in the home, ultimately creating lifestyle changes of the entire family.
 - Farmstand- partnership between neighborhood churches and the wellness center that offers fresh fruits and vegetables to the community 5 days a week.
 - Community Advisory Board that includes participation from 30 churches and community members to promote wellness and preventive care in the community.
- IEA staff invited to join American Heart Association, local leaders, community and faith partners on collaborative to improve health in Dallas County

Opioids

- Participated in Challenge of Tarrant County's Prevention Providers Coalition Meeting in Fort Worth, Texas and the Collin County Substance Abuse Coalition in McKinney, Texas. Some topics of discussion included the coalitions efforts with the National Prescription Drug Take Back Day (October 28th) and Red Ribbon Week (Oct 23-31.
- We are working with partners throughout Region VI who agreed to host a post-broadcast conversation Sep 27th after the HHS *Opioids: Recovery, Prevention, & Hope* Live Stream.
 - Here are the partners who are confirmed so far:
 - Challenge of Tarrant County is hosting a post-broadcast conversation at the Lena Pope Center in Fort Worth, Texas that will hold 85 people. They are inviting



leaders from a Tarrant County Spiritual Network and host of faith leaders, treatment and prevention providers, first responders, educators and other community leaders.

- Collin County Substance Abuse Coalition is hosting a post-broadcast conversation in McKinney, Texas. They are inviting a host of faith leaders, treatment and prevention providers, first responders, educators and other community leaders.
- Collaborating with HRSA and CHC's that received recent opioid funding to host postbroadcast conversations with local leaders, the faith community and clinic staff in recognition of National Recovery Month the week on September 27th and throughout the week.
- Meeting with local community, faith and healthcare partners to share HHS priorities, Harvey updates and continued collaboration opportunities on HHS initiatives hosted by the Community Council of Greater Dallas.

Other

 IEA staff to participate in Infant Mortality Summit on hosted by Dallas Healthy Start at local church to address the issues, pre and post pregnancy, affecting women and infant deaths within one year of childbirth. The discussion will also include how mental health and substance use affect this issue.



From: Integrity.gov

Sent: 20 Sep 2017 16:17:06 +0000 **To:** Teuscher, David (HHS/IEA)

Cc: Ethics Financial Disclosure (HHS/OGC)

Subject: Integrity.gov: Filing Reminder Assignment

Your 2017 Periodic Transaction report is due on 10/15/2017 in Integrity, https://integrity.gov. Click "Login to Integrity."

-Current MAX.gov user: enter your existing MAX.gov ID and password.

-Never used MAX.gov: above the password field, click on the "Forgot, set, or change your password?" link and enter your email address to activate your MAX.gov account and set your password.

If you have questions on how to report certain assets, please visit OGE's online Public Financial Disclosure Guide at: https://www2.oge.gov/Web/278eGuide.nsf
Learn about Integrity here: https://community.max.gov/x/vQApLg. (MAX.gov ID and password required.)

NOTE FOR TERMINATION FILERS - If you are filing a termination report, remember to go to https://max.gov to reset your OMB MAX password if you plan to submit your termination report AFTER departing HHS. Resetting your OMB MAX password will allow you to submit your termination report using your current OMB MAX profile after you depart and your HHS email has been disabled. If you have any questions, please contact your local Ethics Official.



From: Integrity.gov

Sent: 13 Sep 2017 16:12:09 +0000 **To:** Teuscher, David (HHS/IEA)

Cc: Ethics Financial Disclosure (HHS/OGC)

Subject: Integrity.gov: Report Assigned

Jason Blanchette assigned you a report in Integrity, https://integrity.gov. Your 2017 Periodic Transaction Report report is due on 10/30/2017.

Click "Login to Integrity" on the landing page, https://integrity.gov. Logging in requires an active MAX.gov account.

-Current MAX.gov user: click "Login to Integrity" and enter your existing MAX.gov ID and password.

-Never used MAX.gov: click "Login to Integrity" and above the password field, click on the "Forgot, set, or change your password?" link and enter your email address to activate your MAX.gov account and set your password.

If you have questions on how to report certain assets, please visit OGE's online Public Financial Disclosure Guide at: https://www2.oge.gov/Web/278eGuide.nsf

NOTE FOR TERMINATION FILERS - You may file your Termination report up to 15 days prior to your date of termination. However, if you file your report before your date of termination, you will be required to send an email to your Ethics Official on or after your termination date confirming you did not make any changes to your assets after your submission. If you did make any changes to your assets, contact your Ethics Official to report any updates to your report.

If you are filing a termination report, remember to go to https://max.gov to reset your OMB MAX password if you plan to submit your termination report AFTER departing HHS. Resetting your OMB MAX password will allow you to submit your termination report using your current OMB MAX profile after you depart and your HHS email has been disabled. If you have any questions, please contact your local Ethics Official.



 From:
 Lothrop, Julia (HHS/IEA)

 Sent:
 13 Oct 2017 14:07:55 +0000

 To:
 Teuscher, David (HHS/IEA)

Subject: News article for your meeting today

Making sure you saw this article for your meeting today.

FUNDING DISPUTE PUTS TEXAS' CHIP CHILDREN AT RISK. The <u>Dallas Morning News</u> (10/12, Kelly, 984K) reports that the Texas Health and Human Services Commission estimated last week that its funds for the Children's Health Insurance Program will run out in January, rather than February, because of Hurricane Harvey, as lawmakers in Washington debate how to reauthorize funding. The article says that lawmakers from both parties "support funding CHIP," and cites comments by Sen. John Cornyn (R-TX), Rep. Michael Burgess (R-TX), and Rep Joe Barton (R-TX) on the cuts to offset the funding. The Morning News adds that "child health advocates across the political spectrum are wary of cutting other health care programs."

(b)(6)

Julia

From: Moos, Bob (CMS/CQISCO)
Sent: Friday, October 13, 2017 6:49 AM

To: Moos, Bob (CMS/CQISCO)

Subject: CMS REGION 6 STATE, REGIONAL AND NATIONAL NEWS FOR FRIDAY, OCT. 13, 2017

CMS REGION 6 STATE, REGIONAL AND NATIONAL NEWS FOR FRIDAY, OCT. 13, 2017

STATE AND REGIONAL NEWS

ARKANSAS BLUE CROSS SUES CMS OVER DRUG PLAN ENROLLMENT PENALTY. The Arkansas Democrat Gazette (10/12, Davis, 319K) reports Arkansas Blue Cross and Blue Shield has filed a lawsuit over a decision by the Centers for Medicare and Medicaid Services to bar the insurer from enrolling new customers in its Medicare prescription drug plans this year for "failing to meet a requirement established under the 2010 Patient Protection and Affordable Care Act." The ACA requires that at least 85 percent of the money a company "collects in drug plan subsidies and premiums go toward customers' drug expenses, rather than administrative expenses or profits."

FUNDING DISPUTE PUTS TEXAS' CHIP CHILDREN AT RISK. The <u>Dallas Morning News</u> (10/12, Kelly, 984K) reports that the Texas Health and Human Services Commission estimated last week that its funds for the Children's Health Insurance Program will run out in January, rather than February, because of Hurricane Harvey, as lawmakers in Washington debate how to reauthorize funding. The article says that lawmakers from both parties "support funding CHIP," and cites comments by Sen. John Cornyn (R-TX), Rep. Michael Burgess (R-TX), and Rep Joe Barton (R-TX) on the cuts to offset the funding. The Morning News adds that "child health advocates across the political spectrum are wary of cutting other health care programs."

NATIONAL NEWS



LEADING THE NEWS:

- + Trump Signs Executive Order Which Would Roll Back Some ACA Provisions.
- + Trump To End Cost-Sharing Reduction Subsidies.

THE SECRETARY IN THE NEWS:

- + Trump Accused Of Slowly Rolling Back ACA.
- + Eric Hargan Named Acting HHS Secretary.
- + House Watchdog Report Says Rep. Collins' Advocacy For Biotech Firm May Have Broken Ethics Rules.
- + OMB Reviewing HHS Proposal To Delay Common Rule Updates For One Year.

HHS IN THE NEWS:

- + Ohio's Democratic Delegation Accuses Trump Administration Of Not Helping With ACA Enrollment.
- + Nearly Four In 10 US Adults Are Obese, CDC Statistics Show.
- + Experts Say Access To Contraception "Does Not Lead To Riskier Sexual Behavior."
- + Some Experts Warning Flu Epidemics In Other Countries Could Cause Shortage Of Key Medical Supplies In US.
- + NIH, NCI Announce New \$215 Million Partnership With 11 Pharmaceutical Companies To Advance Immunotherapy.
- + Senate Dems Call On NIH To Renew Gun Violence Research Funding.
- + NIH Director Collins Speaks At Alma Mater.
- + Ovarian Reserve Fertility Tests May Be Ineffective In Predicting Chance Of Conception.
- + New HHS Strategic Plan Defines Life As Beginning At Conception.
- + HIMSS Requests Assistance From HHS In Improving Secure Health Data Exchange.
- + Column: Gottlieb Would Benefit FDA More Than HHS.
- + FDA Approves Record Number Of Generic Drugs.
- + Pharmaceutical Company Targets Older Adults In Marketing Treatment For PBA.
- + Op-Ed Warns Against Ethical Concerns Stymieing Gene Editing Advancements.
- + FDA Microbiologists Find "Deadly" Bacteria In NECC Medications.
- + Opinion: FDA's Delay Of New Food Label Is Bad For Public Health.

HEALTH REFORM:

- + Trump Administration's Efforts To "Weaken" ACA Highlighted.
- + Executive Order Could Benefit Some Insurers, Hurt Others.
- + Democrats Respond To Trump's Move To End CSR Payments.
- + States Threaten To Sue Administration Over Healthcare Subsidies.
- + Paul Ryan Backs Trump's Decision To End ACA Subsidies.
- + GOP Lawmakers Vow To Continue ACA Repeal Efforts.
- + White House Official Says ACA Repeal Efforts May Resume In The Spring.
- + Document Suggests Trump Administration May Continue To Enforce ACA's Coverage Mandate.
- + ACA Insurance Rates To Increase 36 Percent In Wisconsin.
- + Massachusetts' Health Connector Rates To Increase 8.7 Percent.
- + Experts Say Trump's Association Health Plans Could Violate Federal Employee Benefits Law.
- + After Trump's Decision On Subsidies, Focus Turns To Bipartisan Negotiations.
- + Colorado Insurance Commissioner Says Trump's Executive Order "Will Cause Problems."
- + Trump Executive Order Could Cost Delaware Customers.
- + Anthem Agrees To Reduce Premium Increase After California Regulator Challenge.
- + Commentary Considers Health Reform.

OPIOID NEWS:

- + Experts Suggest Banning Some Painkillers, Ramping Up Law Enforcement To Curb Opioid Epidemic.
- + Trump Administration Finalizing Rule To Mandate Opioid Testing For Some Transportation Workers.
- + Opioid Epidemic Preys On Vulnerable Bronx Residents.
- + Senators Warren, Murkowski Criticize Trump For Failing To Make Emergency Declaration On Opioids.
- + Illinois' New Opioid Task Force Commences Listening Tour.



- + About 26 Million People Die In Pain Annually Amid Palliative Care Gap, Report Says.
- + Wayne, Oakland Counties Sue Drugmakers Over Opioid Epidemic.
- + Editorial: Virginia Counties Working Together To Tackle Opioid Abuse.

HEALTHCARE FRAUD:

+ Arizona Physician Accused Of Forging Adderall Prescriptions.

HEALTHCARE NEWS:

- + Rubio Requests Senate Investigation Of Florida Nursing Home After 14 Residents' Deaths.
- + Maryland Among Worst-Performing States In Investigating Nursing Home Complaints By Deadline, OIG Report Finds.
- + Retirees Spending One-Third Of Social Security Income On Medical Costs, Study Finds.

HUMAN SERVICES NEWS:

+ Staff, Patients At Washington Facility For Homeless Veterans Face "Noxious Gas Exposure."

EMERGENCY RESPONSE AND PANDEMIC PREPAREDNESS:

+ House Oversight Committee Investigates HHS' Hurricane Preparedness And Response Efforts In Caribbean Territories.

NUTRITION & OBESITY:

+ Chicago-Area Soda Tax Repeal May Shift Fight In Beverage Industry's Favor.

MEDICARE:

+ CMS Terminates Florida Nursing Home's Medicare Program.

MEDICAID & CHIP:

- + Michigan Gov. Snyder Defends Legionnaires' Outbreak Testimony, State Medicaid Costs.
- + Opinion: Maine Voters Should Oppose Medicaid Expansion.
- + New Hampshire Gov. Sununu Defends Medicaid Costs.

HEALTH & MEDICAL NEWS:

- + FDA Panel Recommends Approval Of Experimental Gene Therapy Treatment For Leber's Congenital Amaurosis.
- + Researchers Identify Genetic Variations Affecting Skin Color That Are Spread Around The World.
- + Potential Benefits Of Federally-Funded Gun Research Discussed.
- + Liquid Biopsy Of Retinoblastoma May Be Possible, Study Suggests.
- + Some Cancer Researchers Using AI To Develop New Treatments.
- + Analysis: Cancer Increasingly Being Viewed By Cause Rather Than Location.
- + Column: Patients Struggle With Firing Their Doctors.
- + LATimes Interviews Chief Medical Officer Of American Cancer Society About Cancer Research.
- + More Patients, Physicians Treating Cancer Like A Chronic Illness.
- + Veterans Are More Likely To Reveal Post-Traumatic Stress To A Virtual Bot, Study Suggests.
- + Bipartisan Bill To Create A National Diabetes Commission Heads To Trump's Desk.
- + Florida Detects Its First Zika Infection Caused By A Mosquito In 2017.
- + One-Third Of Teens Believe Smoking Marijuana And Driving Is Legal In Some States, Survey Suggests.
- + FDA Declines To Approve Opioid Pain Medication.
- + Third Pole Device Can Help Newborns Breathe Without Bulky Equipment.
- + Lawsuit Claims Steroid Alternative Is More Dangerous Than Advertised.
- + Requiring Prescription Drug Ads To List All Possible Side Effects Leads Consumers To Pay Less Attention To Most Serious Side Effects, Study Finds.
- + American Hospital Association Report Defends Hospitals' Federal Tax Exemptions.
- + FDA Expands Clearance For NuVasive's Precice Limb Lengthening System.
- + Delaware Officials Announce First Case Of Human West Nile Virus Infection Since 2015.
- + Even Slightly Early Birth May Be Associated With Worse Cardiorespiratory Fitness, Study Suggests.



- + Public CPR Training May Help More Victims Of Cardiac Arrest Survive, Study Suggests.
- + Tips Provided On How To Limit Kids' Smartphone Use.
- + Op-Ed: David Brooks Bemoans Lack Of New Institutions To Solve Current Issues In The US.
- + Using CRISPR Gene Editing, Researchers Stop Sperm Production In Mice.
- + Analysis: Alzheimer's Disease Has A Personal Cost.

NATIONAL NEWS:

- + In Rare Public Statement, Kelly Denies Tension With Trump.
- + Trump: Federal Relief Workers Won't Be In Puerto Rico Forever.
- + House Approves \$36.5 Billion Aid Package.
- + Reporter Highlights Aid Groups' Difficulties Delivering Supplies.
- + EPA Orders Two Companies To Clean Up Toxic Waste Site Flooded By Harvey.
- + NYTimes Analysis: House Democrats Likely To Continue Futile Efforts To Impeach Trump.
- + "Senior White House Official": Trump Attorneys May Offer Mueller A Meeting With President.
- + Gillespie, White House In "Serious Talks" To Have President Stump For Candidate.
- + Short Explains Trump's "Frustration" With Media.
- + CNN Analysis: Zinke's Travel Continues To Raise Questions About Ethics.
- + Perry Defends Travel Using Private Plane.
- + House Democrats Seek To Expand Whistleblower Protections For Reporting Travel Expenses.
- + Kelly Says Trump Plans More Fed Interviews.
- + Ross Seeks Another \$3.3 Billion For 2020 Census.
- + Trump Failed To Salute Flag During Military Ceremony.
- + NYTimes Analysis: Labor Law May Favor NFL Players In Anthem Protests.
- + In Tweets To Bezos, McGowan Says She Told Amazon Studios She Was Raped By Weinstein.
- + Feinstein: Republicans About To Expand White House Power By Ending Blue Slip Tradition.
- + Wray Says Motive For Las Vegas Shooting Still Unclear.
- + McClatchy: Democrats Seeking To Link GOP Candidates To Bannon.
- + Poll: Republican Moore Leads Jones 49%-41% In Dec. 12 Special Election.
- + In Ad, Flake Primary Foe Ward Calls For Tax Reform.
- + Scarborough Tweets That He's Left The GOP.
- + Donnelly Raises \$1.3M, In Q3, Has \$4.6M Banked For Reelection Race.
- + McCaskill Raises \$2.9M In Third Quarter, Has \$7.1M Cash In Hand.
- + Baldwin Raises \$2.4M In Q3, Has \$5.3M In Campaign War Chest.
- + Politico Analysis: Prosecution's Case Against Menendez Seems To Have Fallen Short.
- + GOP Sen. Collins To Reveal Decision On Maine Governor's Race Today.
- + NRCC Shatters Its Fundraising Record For "Any Previous Off-Year Cycle."
- + "Senior House Republicans" Unhappy With Grimm's Primary Challenge To Donovan.
- + Stumping For Murphy, Biden Rips Guadagno Ad As "The Return Of Willie Horton."
- + California Wildfires Continue, With Death Toll Reaching 29.
- + California Secession Group Says Process Would Be Easier Than Catalonia's From Spain.
- + Group Urges Chief Justice Roberts To Reprimand Gorsuch For Speech.
- + Google Unveils Job Training Program, Pledges \$1 Billion Toward Education, Training.
- + Filming Of Eminem's Anti-Trump Video Detailed.
- + Scaramucci, Fox News' Guilfoyle Reportedly Dating.
- + Hiaasen Offers "White House Guidelines For Name-Calling."
- + U Of Michigan Student Defends Inviting Murray To Speak On Campus.
- + WPost: Let White Nationalists March Amid Public Revulsion.

Leading the News:

TRUMP SIGNS EXECUTIVE ORDER WHICH WOULD ROLL BACK SOME ACA PROVISIONS. This morning, there is extensive television, print, and online coverage of President Trump's signing of an executive order which seeks to "circumvent" certain parts of the Affordable Care Act. While advocates of the move say it will expand coverage options and lower premiums, critics warn that it will "sabotage" the ACA and harm the individual market, ultimately resulting in higher costs for consumers.



The New York Times (10/12, A1, Pear, Abelson, Subscription Publication, 13.56M) reports on its front page that on Thursday, President Trump signed an executive order which "clears the way for potentially sweeping changes in health insurance, including sales of cheaper policies with fewer benefits and fewer protections for consumers than those mandated under the Affordable Care Act." Trump said, "With these actions...we are moving toward lower costs and more options in the health care market, and taking crucial steps toward saving the American people from the nightmare of Obamacare." The article says this move is a result of Trump's "frustration" with congressional Republicans' failure to repeal the ACA.

In a front-page article, the <u>Washington Post</u> (10/13, A1, Goldstein, Eilperin, 10.38M) reports that the order aims "to circumvent the Affordable Care Act." The article says this "order represents Trump's biggest step to date to reverse the health-care policies of the Obama administration, a central promise since last year's presidential campaign." The White House and Trump supporters portrayed this "move as wielding administrative powers to accomplish what congressional Republicans have failed to achieve: fostering more coverage choices while tearing down the law's insurance marketplaces." But critics warned the order will hurt the individual insurance market, and ultimately result in higher premiums.

NBC Nightly News (10/12, story 7, 1:55, Holt, 16.61M) reported the President is "beginning to dismantle his predecessor's signature achievement by unveiling plans...to allow small businesses and individuals to buy insurance that does not meet the minimum Obamacare requirements. But there are critics who say it will only drive prices up, hurting older Americans or those with medical conditions." NBC's Tom Costello said the "order takes direct aim at Obamacare's minimum coverage rules," adding that "healthy 20-somethings with no kids who aren't making a lot of money" will benefit, while "a 60-something couple with higher medical expenses" will be hurt.

<u>USA Today</u> (10/12, Korte, 8.62M) reports that the order also seeks to increase "the use of health reimbursement arrangements, or HSAs, to expand the availability of short-term health plans." In addition, it proposes "a study of barriers to competition in the health insurance market." The article quotes Trump as saying, "This is something that millions and millions of Americans will be signing up for. They'll be very happy, and they'll get great health care." But House Minority Leader Nancy Pelosi (D-CA) warned that the order is "a sabotage of the Affordable Care Act."

The Wall Street Journal (10/12, Hackman, Subscription Publication, 6.45M) reports that the executive order was only the first step in a campaign by the White House to dismantle the ACA administratively. White House officials said more steps will be forthcoming in the near future, although no decisions have been made. Some possible moves could include rules to halt mergers of hospitals, insurers, and physicians' offices, which can result in higher prices. The Journal says Acting HHS Secretary Eric Hargan will lead efforts to analyze such mergers, with assistance from the FTC as well as the departments of Treasury and Labor.

The Los Angeles Times (10/12, Levey, 4.49M) reports that although "loosening consumer protections in the ACA might make insurance cheaper for those in good health, that would happen at the expense of millions of sicker Americans, who'll have to pay more, warn patient advocates, state regulators and others across the healthcare sector." One healthcare advocate warned, "Today's executive order jeopardizes the ability of millions of cancer patients, survivors and those at risk for the disease from being able to access or afford meaningful health insurance."

Similarly, the AP (10/12, Alonso-Zaldivar) reports some experts warned that "the White House plan could undermine coverage on the ACA's insurance marketplaces, particularly for people with health problems." The article says this "would happen if healthy people flock to lower-cost plans with limited benefits." Meanwhile, others argued that the proposals in the executive order seem "to be modest and would have limited impact."

<u>Bloomberg News</u> (10/12, Rausch, 4.52M) reports that the order would allow "federal agencies to take several actions through federal rule-making." For instance, these rules could allow small employers "to band together from across the country to create 'association health plans' and buy insurance together



outside of Obamacare." One supporter of the order said it contains policies which will help "to provide relief to people harmed by Obamacare."

Reuters (10/12, Abutaleb, Mason) reports that this order was Trump's "most concrete step to undo Obamacare since he took office in January after promising voters he would dismantle the 2010 law." He said during a signing ceremony at the White House, "The cost of the Obamacare has been so outrageous, it is absolutely destroying everything in its wake." But Senate Minority Leader Chuck Schumer (D-NY) "accused Trump of 'using a wrecking ball to single-handedly rip apart our healthcare system." He is quoted as saying, "Having failed to repeal the law in Congress, the president is sabotaging the system."

The <u>Washington Times</u> (10/12, Boyer, 541K) reports White House officials indicated that "the order doesn't make changes immediately, and that they hope the administration can implement many of the proposals within six months." The article adds that Trump said, "The time has come to give Americans the freedom to purchase health insurance across state lines, which will create a truly competitive national marketplace that will bring costs way down and provide far better care."

The Hill (10/12, Sullivan, 1.68M) reports that the order was "a victory for Sen. Rand Paul (R-Ky.), who has long pushed for expanding association health plans, saying they give people choices for lower-cost coverage." Paul was present at the signing "on Thursday, calling the move the 'biggest free market reform of health care in a generation." Another article in The Hill (10/12, Manchester, 1.68M) reports that Paul "defended" the executive order, saying, "We're creating something that is freedom. He's not creating a new government program." The Daily Caller (10/12, Donachie, 521K) reports Paul also said the order has "the potential to be amazing," while W. James Antle III writes in the Washington Examiner (10/13, 465K) that Paul's support of the order makes him and Trump "the odd couple." According to Antle, the more Paul condones the order, the more he adopts the title Trump gave him during healthcare reform attempts: "friend."

Also covering the story are the <u>CBS Evening News</u> (10/12, story 3, 0:30, Mason, 11.17M), <u>ABC World News Tonight</u> (10/12, story 5, 0:40, Muir, 14.63M), <u>TIME</u> (10/12, Rhodan, 5.85M), the <u>Los Angeles Times</u> (10/12, 4.49M), <u>Politico</u> (10/12, 3.6M), <u>ABC News</u> (10/12, McGraw, Parks, 2.83M), the <u>New York Daily News</u> (10/12, Silverstein, 3.61M), <u>NPR</u> (10/12, Horsley, 2.4M), the <u>Christian Science Monitor</u> (10/12, Trumbull, 273K), the <u>Connecticut Post</u> (10/12, Soule, 199K), the <u>Atlanta Journal-Constitution</u> (10/12, Dupree, 1.16M), the <u>Dayton (OH) Daily News</u> (10/12, Wehrman, 141K), the <u>Louisville (KY) Courier-Journal</u> (10/12, Novelly, 391K), the <u>Washington Examiner</u> (10/12, Leonard, 465K), <u>Roll Call</u> (10/12, Bennett, 134K), <u>Modern Healthcare</u> (10/12, Meyer, Subscription Publication, 238K), another <u>Washington Examiner</u> (10/12, Leonard, 465K) article, and <u>Kaiser Health News</u> (10/12, Appleby).

Trump Campaign Officials Laud Executive Order. The Washington Examiner (10/12, Morrongiello, 465K) reports that on Thursday, Trump campaign officials lauded the President "for taking the lead on dismantling parts of Obamacare, 'despite the failure of Congress' to repeal the landmark healthcare law twice this summer." Michael Glassner, the executive chairman of Trump's re-election campaign, stated that "Americans are reminded today that they can rely on President Trump to do everything possible to fix this debacle by implementing free-market solutions through executive actions."

Dems Accuse Trump Of Attempting To "Sabotage" ACA With Executive Order. The Washington Examiner (10/12, King, 465K) reports Democratic Congress members "said Thursday that President Trump's President Trump's executive order to relax insurance rules is the latest evidence of Republican 'sabotage' against Obamacare." Rep. Lloyd Doggett (D-TX) "said the order is part of the sabotage effort since Congress failed 'legislatively to replace Obamacare." Meanwhile, Sen. Tim Kaine (D-VA) "said in a series of tweets that the order could create more 'junk' insurance plans since it could lead to bypassing pre-existing condition protections on the individual market."

AMA, Other Groups Express Concern About Executive Order. The Hill (10/12, Hellmann, 1.68M) reports that about 20 healthcare groups are warning that President Trump's executive order "could weaken patient protections and destabilize the individual market." They stated, "This order has the



potential to price millions of people with pre-existing conditions and serious illnesses out of the individual insurance market and put millions more at risk through the sale of insurance plans that won't cover all the services patients want to stay healthy or the critical care they need when they get sick." The article says the American Medical Association and the American Hospital Association also voiced concerns about the order. AMA President David O. Barbe, MD "said his group has concerns the order would 'weaken important patient protections and lead to instability in the individual health insurance market." The Washington Examiner (10/12, King, 465K) also covers the story.

The <u>Austin (TX) American Statesman</u> (10/12, Sechler, Subscription Publication, 431K) reports groups such as the Texas Association of Business and the Insure Central Texas program at Foundation Communities are also wary of the order. The Texas Association of Business cited concerns about "access and affordability."

American Hospital Association Warns Executive Order Could Further Destabilize Individual Market. The Hill (10/12, Hellmann, 1.68M) reports that on Thursday, the American Hospital Association warned that President Trump's executive order "could destabilize insurance markets and make coverage unaffordable for people with preexisting conditions." Tom Nickels, executive vice president of the group, said, "Today's Executive Order will allow health insurance plans that cover fewer benefits and offer fewer consumer protections. ... No one can predict future health care needs with complete certainty and such plans could put patients at risk when care is needed most."

Progressive PAC Questions Order's Legality. Newsweek (10/12, Katz, 991K) reports the order may not be legal, according to American Bridge, a progressive political action committee. The group "slammed the administration for trying to pull a fast one with people's health," with a spokesman questioning the order's legality by saying changes to the ACA must "be done by statute, not regulation."

More Commentary. Amber Phillips writes in the <u>Washington Post</u> (10/12, 10.38M) "The Fix" that since he was elected, "President Trump's efforts regarding Obamacare have been almost all geared at undermining it." In the wake of Congress' inability to repeal the healthcare law, "he's acting as much as he can on his own. And depending on how it's implemented, the executive order Trump signed Thursday could be his most significant step yet to sabotage the law."

Aaron Blake writes in the <u>Washington Post</u> (10/12, 10.38M) "The Fix" that President Trump's executive order "will scale back Obamacare's regulations and make it easier to buy plans that don't meet the Affordable Care Act's requirements." Blake says based on this move and other similar actions, "it's clear the Trump administration isn't going to lift a finger to salvage the law and make it workable for the foreseeable future. It seems anxious, in fact, to usher in its demise."

Eric Levitz writes in the <u>Daily Intelligencer (NY)</u> (10/12, 519K) that while the details of President Trump's executive order on healthcare "are complex and dull, the upshot is simple – and the stakes for millions of vulnerable Americans are enormous." Levitz adds that the order essentially creates "loopholes that allow healthy people to stop subsidizing the sick." He also warns that it "provides a blueprint for how the administration could effectively end Obamacare (at least temporarily) without passing a single piece of health-care legislation."

Jack Crowe writes in the <u>Daily Caller</u> (10/12, 521K) that the executive order strikes "a unilateral blow against Obamacare after the Republican-controlled Congress repeatedly failed to follow through on his campaign promise to repeal and replace the Affordable Care Act." He adds that critics are warning that the order "will hurt the elderly and sick as younger, healthier Americans leave Obamacare risk pools to purchase cheaper, less comprehensive coverage."

Kimberly Leonard writes in the <u>Washington Examiner</u> (10/13, 465K) an analysis detailing the "winners and losers" of Trump's executive order, positing that Sen. Rand Paul (R-KY) and President Trump are "victorious" while Sens. Lamar Alexander (R-TN) and Patty Murray (D-WA) are the "losers" because they have yet to reach a bipartisan agreement on stabilizing ACA exchanges. According to Leonard, whether the Graham-Cassidy bill and Democrats are winners or losers has yet to be determined, with the order



potentially making "Graham-Cassidy more difficult to pass" and leaving Democrats unable to assess "to what extent voters will agree with" the order.

TRUMP TO END COST-SHARING REDUCTION SUBSIDIES. The Washington Post (10/13, A1, Goldstein, Eilperin, 10.38M) reports on its front page that the White House confirmed Thursday that it will stop making federal payments for "cost-sharing reductions," payments to health insurers "that help millions of lower-income Americans afford coverage." A statement from the Department of Health and Human Services confirmed that the "cutoff would be immediate." The Post reports that "insurers have said that stopping the cost-sharing payments would be the single greatest step the Trump administration could take to damage the marketplaces – and the law." Acting HHS Secretary Eric Hargan and CMS Administrator Seema Verma released a joint statement which said, "It has been clear for many years that Obamacare is bad policy. It is also bad law. ... The Obama Administration unfortunately went ahead and made CSR payments to insurance companies after requesting – but never ultimately receiving – an appropriation from Congress as required by law."

The <u>Wall Street Journal</u> (10/12, Armour, Subscription Publication, 6.45M) reports that President Trump told at least one lawmaker that the subsidy payments would continue if a bipartisan agreement is reached on healthcare legislation.

The AP (10/13, Thomas, Lucey) reports Democratic congressional leaders Sen. Chuck Schumer (D-NY) and Rep. Nancy Pelosi (D-CA) issued a joint statement in response, saying, "It is a spiteful act of vast, pointless sabotage leveled at working families and the middle class in every corner of America. ... Make no mistake about it, Trump will try to blame the Affordable Care Act, but this will fall on his back and he will pay the price for it." The AP adds that leading Republicans have called for "continuing the payments to insurers, at least temporarily, so constituents maintain access to health insurance," and Sens. Lamar Alexander (R-TN) and Patty Murray (D-WA) have been working on legislation to do that, "though they differ over how long these subsidies should be guaranteed."

Reuters (10/12, Holland, Mason, Abutaleb) reports that the decision was based on legal advice from the Justice Department, according to a White House statement which said, "the Department of Health and Human Services has concluded that there is no appropriation for cost-sharing reduction payments to insurance companies under Obamacare. ... In light of this analysis, the Government cannot lawfully make the cost-sharing reduction payments."

The Hill (10/12, Savransky, Weixel, 1.68M) reports Congress could still appropriate the payments. Speaker of the House Paul Ryan said, "Today's decision ... preserves a monumental affirmation of Congress's authority and the separation of powers. ... Obamacare has proven itself to be a fatally flawed law, and the House will continue to work with Trump administration to provide the American people a better system."

The <u>Washington Examiner</u> (10/12, Leonard, 465K) reports that the Congressional Budget Office estimated in August that halting the subsidies could lead to an increase in the uninsured of 2 million in 2018 and an increase in insurance premiums of 20 percent on top of expected increases.

The <u>Washington Times</u> (10/12, Dinan, 541K) reports White House Press Secretary Sarah Sanders said of the \$7 billion in payments, "The bailout of insurance companies through these unlawful payments is yet another example of how the previous administration abused taxpayer dollars and skirted the law to prop up a broken system."

The <u>Huffington Post</u> (10/12, Young, 5.74M) reports that attorneys general from 17 states and the District of Columbia are parties to a federal lawsuit on the payments and "New York Attorney General Eric Schneiderman announced Thursday that he and those other attorneys general are prepared to sue Trump over the cost-sharing reduction payments."

Also reporting are Politico (10/12, Dawsey, Demko, 3.6M), NPR (10/12, Kurtzleben, 2.4M), Bloomberg News (10/12, Tracer, 4.52M), Vox (10/12, Scott, 1.54M), the New York Post (10/12, Tacopino, 4.31M),



the <u>Daily Intelligencer (NY)</u> (10/12, Chait, 519K), and the <u>Charleston (SC) Post and Courier</u> (10/12, Wildeman, 269K).

The Secretary in the News:

TRUMP ACCUSED OF SLOWLY ROLLING BACK ACA. USA Today (10/12, Przybyla, O'Donnell, 8.62M) reports that as far as healthcare is concerned, President Trump contends "he's doing 'the right thing' for Americans," and that he will work with Democrats to craft a bipartisan plan to overhaul the US healthcare system after Republicans' efforts to repeal the Affordable Care Act failed. Yet, Trump is "using the power of the presidential pen to unravel the ACA piece by piece – which could affect health care coverage for more than 11 million Americans." The article says, "It's the government's responsibility to enforce the law, just as it is for it to enforce laws that pay for the military, education or law enforcement. If the administration doesn't follow through on the parts of the law that make it work, the program could fail." However, "Trump has consistently denied his administration is playing any role, instead blaming...former President Barack Obama for all of the health care law's problems." The piece quotes former HHS Secretary Kathleen Sebelius as saying, "It's hard to look at that series of decisions, which is entirely in the hands of the administration, and say they want anything other than this to be a miserable failure."

ERIC HARGAN NAMED ACTING HHS SECRETARY. In continuing coverage, <u>Healthcare IT News</u> (10/12, Siwicki, 5K) reports President Trump has named Eric Hargan acting Health and Human Services Secretary, a week after being confirmed in the Senate as deputy secretary. "Hargan was a member of Trump's HHS transition team. Further, he previously served at HHS from 2003 to 2007, including as acting deputy secretary," before leaving government to practice law.

HOUSE WATCHDOG REPORT SAYS REP. COLLINS' ADVOCACY FOR BIOTECH FIRM MAY HAVE BROKEN ETHICS RULES. The Washington Post (10/12, Debonis, 10.38M) reports the House Office of Congressional Ethics "has found 'substantial reason to believe' that Rep. Chris Collins violated federal law and congressional rules by meeting with government researchers in his official capacity to benefit a biotech company he is invested in" and share private information to attract investment. Collins was "an early backer" of moribund Australia-based multiple sclerosis therapy developer Innate Immunotherapeutics "and recruited investors that included family, his congressional staff and House colleagues," including former Health and Human Services Secretary Tom Price. "Price did not cooperate with the OCE probe, according to the report," which detailed a "Nov. 18, 2013 visit to the National Institutes of Health, where Collins and a House staffer visited with a key researcher into multiple sclerosis" and asked for help in designing Innate Immuno's drug trial.

The New York Times (10/12, Thomas, Kaplan, Subscription Publication, 13.56M) reports Collins is Innate Immunotherapeutics' largest shareholder, "reporting for the year 2016 that he held between \$25 million and \$50 million in the company." According to ethics lawyer Stanley Brand, "It's not a foregone conclusion that the ethics committee is going to take this [case] up." The Times notes Price divested from Innate after he became HHS Secretary.

On its website, <u>CNN</u> (10/12, Walsh, 33.59M) reports that the OCE report says that the NIH meeting raised questions because Collins "took official actions or requested official actions that would assist a single entity in which he had a significant financial interest." The report includes emails from Collins to shareholders discussing "details of patients enrolled in trials of an Innate drug" and plans for a "private placement offering" of stock.

The New York Daily News (10/12, Lovett, 3.61M) reports the OCE report "recommends the House ethics committee subpoena the 10 individuals and entities that refused to cooperate with the board's investigation," including former HHS Secretary Tom Price, Collins' former legislative assistant, Jeff Freeland, and Innate CEO Simon Wilkinson.

The Hill (10/12, Weixel, 1.68M) notes that "Innate said it sold nearly \$1 million in stock in discounted shares to Price while he was still a congressman, according to a Wall Street Journal report," and adds



that Price "came under fire during his confirmation hearings for stock trades made while he was involved in healthcare legislation" as a member of Congress.

In a second story, <u>The Hill</u> (10/12, Marcos, 1.68M) reports, "Collins dismissed the authority of OCE, noting it does not have subpoena power, and maintained that he had done nothing wrong."

The Wall Street Journal (10/12, Tau, Subscription Publication, 6.45M), AP (10/12, Freking), and the Washington Examiner (10/12, Correll, 465K) also report.

OMB REVIEWING HHS PROPOSAL TO DELAY COMMON RULE UPDATES FOR ONE YEAR. Fierce Healthcare (10/12, Sweeney, 146K) reports that the Office of Management and Budget is considering "a proposal from the Department of Health and Human Services that would delay implementation" of changes to the Common Rule for one year. The American Medical Informatics Association (AMIA), which had asked former HHS Secretary Tom Price and the OMB in June to finalize the modifications and "had grown impatient over the lack of clarity," expressed support the delay, the article says.

HHS in the News:

OHIO'S DEMOCRATIC DELEGATION ACCUSES TRUMP ADMINISTRATION OF NOT HELPING WITH ACA ENROLLMENT. The Columbus (OH) Dispatch (10/12, Wehrman, 456K) reports that Ohio's Democratic congressional delegation is alleging "the Trump administration is not doing enough to help citizens enroll in health-care plans under Obamacare." On Thursday, the lawmakers – Reps. Joyce Beatty (D-Jefferson Township), Tim Ryan (D-Niles), Marcy Kaptur (D-Toledo), and Marcia Fudge (D-Cleveland) – wrote to CMS Administrator Seema Verma "asking her to explain cuts in services and outreach programs aimed at enrolling citizens in health-care plans." The lawmakers also argued that "the Trump administration's attempts to repeal the 2010 Affordable Care Act...'have thrown millions of families and individuals into uncertainty weeks before the open enrollment period begins."

NEARLY FOUR IN 10 US ADULTS ARE OBESE, CDC STATISTICS SHOW. The Los Angeles Times (10/12, Healy, 4.49M) reports that data released Friday by the CDC show that in 2015 and 2016, nearly "4 in 10 American adults had a body mass index that put them in obese territory." The piece suggests that "the report underscores a continuing pattern of racial and ethnic disparities when it comes to weight," pointing out that "obesity rates among African Americans and Latinos have been consistently higher than those seen in whites, and the new survey shows no change in that pattern."

The AP (10/12, Stobbe) reports that data show children aged two to five had the biggest increase in obesity rates. Additionally, data show that "by age, the fattest adults are in their 40s and 50s."

<u>Bloomberg News</u> (10/13, Tanzi, 4.52M) reports that while data from the National Center for Health Statistics show "a majority of Hispanic and non-Hispanic black women are obese, the National Center for Health Statistics study found," while "just one in ten Asian men are obese."

NBC News (10/13, Gussone, 3.46M) reports on its website. TIME (10/12, Sifferlin, 5.85M) provides additional coverage.

EXPERTS SAY ACCESS TO CONTRACEPTION "DOES NOT LEAD TO RISKIER SEXUAL BEHAVIOR." TIME (10/12, Abrams, 5.85M) reports the Department of Health and Human Services' new rules on contraception "listed side effects and health risks it said can be associated with certain types of contraception." In part, the rules said, "Imposing a coverage Mandate on objecting entities whose plans cover many enrollee families who may share objections to contraception could, among some populations, affect risky sexual behavior in a negative way." Experts contend, however, that research shows insurance

SOME EXPERTS WARNING FLU EPIDEMICS IN OTHER COUNTRIES COULD CAUSE SHORTAGE OF KEY MEDICAL SUPPLIES IN US. Newsweek (10/12, Matthews, 991K) reports some experts are

coverage for birth control "does not lead to riskier sexual behavior."



warning that during the upcoming flu season, the US could face shortages of key medical supplies that are manufactured overseas. The experts say that if there is a pandemic in China or India, then manufacturers of medical supplies may be forced to reduce production. The article also mentions that Sonja Olsen, an epidemiologist at the Centers for Disease Control and Prevention, said earlier this week that the H7N9 flu virus could mutate into a form that would be transmissible among humans, which could make the upcoming flu season very dangerous.

NIH, NCI ANNOUNCE NEW \$215 MILLION PARTNERSHIP WITH 11 PHARMACEUTICAL COMPANIES TO ADVANCE IMMUNOTHERAPY. The Wall Street Journal (10/12, Burton, Subscription Publication, 6.45M) reports the National Institutes of Health and the National Cancer Institute announced on Thursday that they would collaborate with 11 pharmaceutical companies to advance the development of immunotherapy. The article also reports that earlier this month, Dr. Steven A. Rosenberg, the chief of surgery at the National Cancer Institute, spoke about the successful treatment of a woman with metastatic breast cancer using immunotherapy.

Reuters (10/12, Steenhuysen) reports that the new Partnership for Accelerating Cancer Therapies (PACT) is a continuation of the Cancer Moonshot. Eric Hargan, the acting Secretary of Health and Human Services, said, "Under President Trump, we are going to continue making significant investments in cancer cures. Advancing great American medicine and science is a top, top priority for this administration."

The Hill (10/12, Roubein, 1.68M) reports the National Institutes of Health will contribute up to \$160 million over five years to PACT, while the companies will contribute up to \$55 million.

STAT (10/12, Facher, 43K) reports that the Foundation for the National Institutes of Health "will oversee the initiative," and the participating companies are AbbVie, Amgen, Boehringer Ingelheim, Bristol-Myers Squibb, Celgene Corporation, Genentech, Gilead, GlaxoSmithKline, Janssen/Johnson & Johnson, Novartis, and Pfizer. NIH Director Dr. Francis Collins said in a statement, "We have seen dramatic responses from immunotherapy, often eradicating cancer completely for some cancer patients. We need to bring that kind of success – and hope – for more people and more types of cancers, and we need to do it quickly. A systematic approach like PACT will help us to achieve success faster." Also covering the story are Forbes (10/12, Kincaid, 5.11M) the Washington Times (10/12, Kelly, 541K), the Houston Chronicle (10/12, Ackerman, 1.97M), and GenomeWeb (10/12).

SENATE DEMS CALL ON NIH TO RENEW GUN VIOLENCE RESEARCH FUNDING. Erin Schumaker writes for the <u>Huffington Post</u> (10/12, 5.74M) that more than two dozen Senate Democrats "called on the National Institutes of Health to renew recently lapsed funding for gun violence research." In a Wednesday letter to NIH director, Dr. Francis Collins, the senators wrote, "it is critical that NIH dedicate a portion of its resources to the public health consequences of gun violence," but note the chilling effect of the 1996 Dickey Amendment prohibiting the CDC from funding research "to advocate or promote gun control."

NIH DIRECTOR COLLINS SPEAKS AT ALMA MATER. The <u>Cavalier Daily (VA)</u> (10/12, Annapareddy) reports National Institutes of Health Director Francis Collins on Tuesday spoke at his alma mater, the University of Virginia. In his speech before about 400 attendees, Collins "discussed a genomics-based analysis of human relatedness," then "encouraged the audience to ensure that resources and institutional support systems are accessible to all and discussed diversity in research participants." Collins said, "We have a historic opportunity to try to understand how we are all the same but how we are all different," adding that "It behooves us in our headlong rush to learn about things to expand our knowledge, to take some time to focus on this issue."

OVARIAN RESERVE FERTILITY TESTS MAY BE INEFFECTIVE IN PREDICTING CHANCE OF CONCEPTION. Newsweek (10/12, Delzo, 991K) reports that according to new research published in the Journal of American Medical Association, ovarian reserve fertility tests may be ineffective. "Women are born with a set number of eggs that gradually declines through the reproductive years," Esther Eisenberg, Program Director of the National Institute of Health's Reproductive Medicine and Infertility Program, explained in a statement. "This study suggests that testing for biomarkers of ovarian reserve does not



predict the chances for conception in older women still of reproductive age."

NEW HHS STRATEGIC PLAN DEFINES LIFE AS BEGINNING AT CONCEPTION. The Hill (10/12, Hellmann, 1.68M) reports that the Department of Health and Human Services defines life as "beginning at conception," according to a draft of its new strategic plan. The draft reads, "HHS accomplishes its mission through programs and initiatives that cover a wide spectrum of activities, serving and protecting Americans at every stage of life, beginning at conception." The article calls the language "a major shift from the Obama administration."

HIMSS REQUESTS ASSISTANCE FROM HHS IN IMPROVING SECURE HEALTH DATA EXCHANGE. In continuing coverage, EHR Intelligence (10/12, Monica) reports that HIMSS has asked HHS to help improve the nationwide exchange of secure health data in three specific ways. In the article's words, HIMSS' requests are as follows: one, that HHS promote "integration between the interoperability approaches and trusted exchange frameworks to improve data access, care quality, and cost effectiveness"; two, that HHS spearhead "efforts to educate stakeholders on implementing existing and emerging standards, data formats, and use cases"; and, three, that "HHS improve data usability to support patient care and research."

COLUMN: GOTTLIEB WOULD BENEFIT FDA MORE THAN HHS. Megan McArdle writes in her Bloomberg View (10/12, 4.52M) column that Food and Drug Administration Commissioner Scott Gottlieb, who "represents a much-needed countervailing force against the agency's tendency to prize caution over speed," has made it a priority to speed approval times as a counterweight to the agency's "pathologically risk averse" culture. McArdle says his hesitance to consider replacing former HHS Secretary Tom Price bodes well for the FDA, saying, "While Gottlieb could undoubtedly do some good as secretary of health and human services, he'll do even more good by staying right where he is."

FDA APPROVES RECORD NUMBER OF GENERIC DRUGS. In continuing coverage, <u>STAT</u> (10/12, 43K) reports that in fiscal year 2017, the Food and Drug Administration "approved a record number of applications — 763 in all," beating out fiscal year 2016's previous high of 651. STAT explains that the news comes "as FDA Commissioner Scott Gottlieb works to hasten the approval process as a way to address complaints over high drug prices."

PHARMACEUTICAL COMPANY TARGETS OLDER ADULTS IN MARKETING TREATMENT FOR PBA. CNN (10/12, Ellis, Hicken, Hernandez, 33.59M) reports in a greater-than 5,000-word piece on its website that Avanir Pharmaceuticals, the maker of Nuedexta, a treatment for older adult patients with the "rare condition" pseudobulbar affect or PBA, "aggressively targets frail and elderly nursing home residents for whom the drug may be unnecessary or even unsafe." According to CNN, Avanir "acknowledges in prescribing information that the drug has not been extensively studied in elderly patients" and that it could be "unsafe." The treatment has FDA approval for PBA patients, although some medical researchers "have found doctors inappropriately diagnosing nursing home residents." According to FDA investigator Larry Stevens, it is illegal for paid speakers to promote drugs for purposes other than FDA-approved use, although CNN quotes one speaker as suggesting Nuedexta could be used for non-approved purposes. CMS circulated a letter in January alerting insurers about fraud allegations concerning physicians who received kickbacks for prescribing Nuedexta.

OP-ED WARNS AGAINST ETHICAL CONCERNS STYMIEING GENE EDITING ADVANCEMENTS. Physician, molecular biologist, and founding director of the FDA's Office of Biotechnology Henry Miller of Stanford University's Hoover Institution writes in the Wall Street Journal (10/12, Subscription Publication, 6.45M) that while advances in gene editing have led to concerns about genetic improvement of athletes and others, the greater concern is that such ethical concerns will inhibit the technology, causing patients to suffer and die from preventable ailments. Miller argues current restrictions in place at the FDA and NIH that in effect ban gene editing research in human embryos that could lead to births should be removed as soon as possible, calling the regulations outdated. He also mentions gene editing testing conducted at the NIH which has shown promising results.

FDA MICROBIOLOGISTS FIND "DEADLY" BACTERIA IN NECC MEDICATIONS. The Tennessean



(10/12, Roche, 499K) reports FDA microbiologists testifying in the trial of former New England Compounding Center supervising pharmacist Glenn Chin "said that a variety of bacteria were found in multiple drugs shipped by the" NECC to health centers across the country. The center is the source of tainted medications that led to a 2012 meningitis outbreak that killed 76 people, for which Chin is on trial concerning his role in knowingly distributing the medications. Haydee Romero of a New York FDA laboratory said 48 of 78 vials she tested that were sent to a health center were contaminated, while Henry Lau of the FDA's San Francisco office said his tests also confirmed the presence of "[d]eadly" bacteria on medicines shipped by the facility. One of Chin's lawyers questioned FDA employee Jonathan Yenovkian who said some tests could not confirm the NECC as the source of some bacteria.

OPINION: FDA'S DELAY OF NEW FOOD LABEL IS BAD FOR PUBLIC HEALTH. Joan Salge Blake, clinical associate professor in the nutrition program at Boston University, writes in <u>STAT</u> (10/13, 43K) that she is "confused" and "mad" in response to "the Food and Drug Administration's plan to delay the implementation of the much-needed new food label, the iconic rectangle of nutrition information that adorns food packages." She explains, "More than 110 million Americans, half of all adults, have one or more preventable diseases that are related to unhealthy diets and physical inactivity" and the risks of the leading causes of death can be "reduced by eating a healthier diet and shrinking our expanding waistlines." The new labels would focus on calories, give "real serving sizes," and highlight added sugars. Blake recommends that readers submit a comment on the FDA's website urging it to implement the new nutrition label.

Health Reform:

TRUMP ADMINISTRATION'S EFFORTS TO "WEAKEN" ACA HIGHLIGHTED. In an analysis, the Washington Post (10/12, Soffen, 10.38M) discusses how President Trump and his Administration are working to undermine the ACA. The article says Trump may not "strictly enforce" the ACA's mandate to purchase insurance; HHS has not assisted states with planning for this year's open enrollment period; the Administration has "slashed" the ACA advertising budget, cut funding for ACA "navigator" groups, and "cut the open enrollment period in half"; and the Administration is permitting people to join "association health plans," among other actions.

The New York Times (10/12, Park, Subscription Publication, 13.56M) reports that the Trump Administration is still taking "action that could weaken the Affordable Care Act and curtail enrollment in coverage under the law." The piece goes on to list 11 ways in which the Administration has attempted to undermine the ACA, including President Trump signing an executive order that would allow the sale of plans with fewer consumer protections.

<u>Politico</u> (10/12, Millman, 3.6M) reports that the executive order "marks Trump's most aggressive effort yet to unilaterally dismantle Obamacare after repeated failed attempts by Republicans in Congress." The article goes on to discuss eight ways in which the President has sought to "undermine" ACA marketplaces.

EXECUTIVE ORDER COULD BENEFIT SOME INSURERS, HURT OTHERS. The <u>Wall Street Journal</u> (10/12, Mathews, Subscription Publication, 6.45M) reports that the executive order which President Trump signed on Thursday will probably have two opposite effects on the insurance industry: It may increase challenges for some companies, but provide opportunities for others. The article adds that it remains to be seen over time precisely how the order will impact the market.

DEMOCRATS RESPOND TO TRUMP'S MOVE TO END CSR PAYMENTS. The Hill (10/12, Byrnes, 1.68M) reports that "Democratic leaders blasted the administration on Thursday night" for the President's decision to end cost-sharing reduction (CSR) payments. Senate Minority Leader Charles Schumer (D-NY) and House Minority Leader Nancy Pelosi (D-CA) issued a joint statement, saying, "Sadly, instead of working to lower health costs for Americans, it seems President Trump will singlehandedly hike Americans' health premiums." They added, "It is a spiteful act of vast, pointless sabotage leveled at working families and the middle class in every corner of America. Make no mistake about it, Trump will try



to blame the Affordable Care Act, but this will fall on his back and he will pay the price for it."

The <u>Washington Examiner</u> (10/12, King, 465K) reports that Democrats said that Trump is walking away from "good faith bipartisan negotiations" in the Senate to keep making the CSR payments for two years in exchange for "more flexibility for states to waive Obamacare regulations."

STATES THREATEN TO SUE ADMINISTRATION OVER HEALTHCARE SUBSIDIES. The Hill (10/12, Savransky, 1.68M) reports state attorneys general from California and New York indicated that they are prepared to sue the Administration over its decision Thursday to cut off ACA subsidies. California Attorney General Xavier Becerra (D) tweeted: "I am prepared to sue the #Trump Administration to protect #health subsidies, just as when we successfully intervened in #HousevPrice!" New York Attorney General Eric Schneiderman (D) said, "Again and again, President Trump has threatened to cut off these subsidies to undermine our healthcare system and force Congress to the negotiating table. ... That's unacceptable."

The New York Post (10/12, Tacopino, 4.31M) reports Schneiderman also said, "I will not allow President Trump to once again use New York families as political pawns in his dangerous, partisan campaign to eviscerate the Affordable Care Act at any cost." The Post added that Scheiderman referenced a "coalition" of 17 states willing to defend the payments in court.

PAUL RYAN BACKS TRUMP'S DECISION TO END ACA SUBSIDIES. The Washington Examiner (10/13, King, 465K) reports House Speaker Paul Ryan applauded Thursday night President Trump's decision to end payments to insurers to reimburse them for lowering out-of-pocket costs for low-income customers under the ACA. Ryan said, "Today's decision by the Trump administration to end the appeal of that ruling preserves a monumental affirmation of Congress's authority and the separation of powers," and added, "Obamacare has proven itself to be a fatally flawed law, and the House will continue to work with Trump administration to provide the American people a better system."

GOP LAWMAKERS VOW TO CONTINUE ACA REPEAL EFFORTS. The <u>Washington Examiner</u> (10/12, King, 465K) reports that on Thursday, Republicans in Congress "swore they weren't done trying to repeal Obamacare after President Trump signed an executive order borne out of frustration over Congress' inability to eliminate the law." For instance, Sen. Lindsey Graham (R-SC) said, "I will continue to push for our legislation which will return healthcare power and decision-making to patients and states." The article adds that Graham and Sen. Bill Cassidy (R-LA) sponsored Senate Republicans' latest attempt to repeal the ACA. That bill failed due to lack of support.

WHITE HOUSE OFFICIAL SAYS ACA REPEAL EFFORTS MAY RESUME IN THE SPRING. The Washington Examiner (10/12, 465K) reports that on Thursday, White House Chief of Staff John Kelly said "there probably won't be a new Obamacare repeal bill until the spring." Commenting on the executive order which President Trump signed on Thursday, he added, "This was a way to take care of as many Americans as he could legally." The article says Kelly explained that Trump had not previously signed such an order because he expected congressional Republicans to include similar provisions in an ACA repeal, but the latest attempt to pass repeal legislation failed at the end of last month.

DOCUMENT SUGGESTS TRUMP ADMINISTRATION MAY CONTINUE TO ENFORCE ACA'S COVERAGE MANDATE. The Hill (10/12, Sullivan, 1.68M) reports, "The Trump administration is hinting that it will continue to enforce the ObamaCare mandate requiring Americans to have coverage." The article says an Administration document related to President Trump's executive order "states that 'only Congress can change the law' when it comes to the mandate."

ACA INSURANCE RATES TO INCREASE 36 PERCENT IN WISCONSIN. The Wisconsin State Journal (10/12, Wahlberg, 382K) reports JP Wieske, Wisconsin Deputy Commissioner of Insurance, said Thursday that premiums on the Affordable Care Act exchange will go up an average of 36 percent next year. Wieske added, "The increases we're seeing reflect the increased amount of risk that a smaller number of carriers are going to have to take on." Wisconsin Gov. Scott Walker (R) said, "Obamacare is collapsing, and these huge premium increases show the law failed on its promise to deliver affordable healthcare."



The <u>Milwaukee Journal Sentinel</u> (10/12, Boulton, 628K) reports Wieske explained that the 20,000 to 30,000 people in the individual market who do not receive subsidies "are going to be the ones who are hit the hardest." He continued, "Nobody wants to compete for this market, despite the subsidies that are available to consumers. … That is sort of troubling."

MASSACHUSETTS' HEALTH CONNECTOR RATES TO INCREASE 8.7 PERCENT. The Boston Globe (10/12, McCluskey, 969K) reports rates on Massachusetts' health insurance exchange, Health Connector, will increase 8.7 percent in 2018. The Globe said Connector officials "chose not to subject consumers to 'unwarranted' increases right now" based on uncertainty as to whether the federal government would stop paying government subsidies. The article adds, "The Trump administration still could choose to stop paying the subsidies, causing an unusual scenario in which Connector insurance rates could rise in the middle of the year. That could result in confusion and inconvenience for tens of thousands of people." Officials said last week that rates could increase 24 percent if the subsidy payments stopped.

EXPERTS SAY TRUMP'S ASSOCIATION HEALTH PLANS COULD VIOLATE FEDERAL EMPLOYEE BENEFITS LAW. Reuters (10/12, Pierson, Raymond) reports President Trump's executive order which would "make it easier for small businesses to band together and buy stripped-down health insurance plans" may violate federal law, the Employee Retirement Income Security Act (ERISA), according to several healthcare and employment law experts. Dania Palanker, an assistant research professor at Georgetown University's Center on Health Insurance Reforms, explained, "Any attempt to allow the sale of association plans to small groups across state lines will be open to legal scrutiny as to whether it is violating ERISA and undermining state authority." Reuters adds that state attorneys general could contend that the federal government "overreached."

AFTER TRUMP'S DECISION ON SUBSIDIES, FOCUS TURNS TO BIPARTISAN NEGOTIATIONS. The Washington Examiner (10/12, King, 465K) reports that President Trump's "decision to abruptly end insurer subsidies for Obamacare comes as the Senate is expected to resume talks next week on a bipartisan deal that makes the payments." Sens. Lamar Alexander (R-TN) and Patty Murray (D-WA) have been working on a "narrow bipartisan deal that would fund the payments in exchange for greater flexibility for states to waive certain Obamacare regulations." In their joint statement, Sen. Chuck Schumer (D-NY) and Rep. Nancy Pelosi (D-CA) said of Trump's decision to end the subsidy payments, "If these reports are true, the President is walking away from the good faith, bipartisan Alexander-Murray negotiations and risking the health care of millions of Americans."

COLORADO INSURANCE COMMISSIONER SAYS TRUMP'S EXECUTIVE ORDER "WILL CAUSE PROBLEMS." The Denver Post (10/12, Ingold, 817K) reports Colorado Insurance Commissioner Marguerite Salazar responded Thursday to Trump's executive order on "association health plans" and short-term insurance, saying, "The limited benefits, the focus on the healthy at the expense of those with pre-existing conditions, and lack of regulatory oversight will cause problems for the health insurance market as a whole." The Post says that there are more than 100 association health plans in the state, according to state officials, and Salazar added, "Premiums may end up being lower for people buying these plans, but for many, paying for services not covered by the plans will be much more costly in the long run."

TRUMP EXECUTIVE ORDER COULD COST DELAWARE CUSTOMERS. The Wilmington (DE) News Journal (10/12, Newman, 424K) reports President Trump's executive order aimed at lowering health insurance premiums by letting consumers buy insurance across states and to expand short-term plans "will cost some Delaware consumers more and limit coverage, officials here said." Sen. Tom Carper (D-DE) tweeted Thursday that "This is just the Trump Administration's latest move to sabotage the Affordable Care Act." Sen. Chris Coons (D-DE) said that the plan will "erode consumer protections under the ACA, which could jeopardize the health care that many Delawareans and Americans everywhere depend on."

ANTHEM AGREES TO REDUCE PREMIUM INCREASE AFTER CALIFORNIA REGULATOR CHALLENGE. The Los Angeles Times (10/12, Terhune, 4.49M) reports Anthem Blue Cross will lower its



two planned premium increases for next year after the California Department of Managed Health Care challenged its projected medical costs, which included a predicted 30 percent increase in pharmacy costs. Anthem will still increase rates 37.3 percent for next year. Anthem's statement explained that they revisit "our assumptions and rates as more data becomes available" and that "emerging data allowed us to provide some rate relief to California individuals and small businesses versus what was originally filed."

COMMENTARY CONSIDERS HEALTH REFORM. Several outlets offer opinions on health reform.

The New York Times (10/12, Subscription Publication, 13.56M) editorializes that President Trump "took matters into his own hands" Thursday after failed attempts at repealing "one of his predecessor's biggest accomplishments," the Affordable Care Act. The Times says Trump's executive order "could significantly damage the health insurance market and harm millions of people" by creating an "alternative health insurance system that does not include the safeguards of the A.C.A. and could sabotage that 2010 law." The Times addresses the specific provisions and says that the "combined effect of these changes will be to destabilize the A.C.A.'s individual market, which is used by nine million people to buy health insurance." The Times concludes: "Congress must step in. Lawmakers need to finish work on muchtalked about bipartisan legislation to strengthen the A.C.A. America's long-term health depends on it."

The <u>Washington Post</u> (10/12, 10.38M) editorializes that President Trump "signed an executive order directing his administration to ramp up its sabotage campaign against the Affordable Care Act" on Thursday. The Post continues, "Mr. Trump is now trying to undercut Obamacare's insurance pool by executive fiat, sidestepping Congress." The editorial concludes, "Mr. Trump constantly criticizes Obamacare's rising premiums. If his executive order is fully implemented, those premiums will rise a lot more – especially for some of the Americans who need help the most."

Catherine Rampell writes in the <u>Washington Post</u> (10/12, 10.38M) that President Trump on Thursday decided to "take away protections for preexisting conditions, increase deductibles, spike premiums, eliminate basic coverage requirements and, more generally, destabilize the individual health-insurance market." Rampell adds that those "are the consequences of the policy bombs he wants to set off in two relatively obscure corners of the insurance market: association health plans and short-term health plans." The piece examines the proposals and concludes that the "only good news is that Trump's executive order doesn't have force of law" and the final rules "may turn out to be weaker than Trump has implied, especially because some elements of the order appear legally dubious."

The <u>Wall Street Journal</u> (10/12, Subscription Publication, 6.45M) editorializes that President Trump's executive order Thursday directing agencies to be more flexible on association health plans, short-term insurance plans, and health-reimbursement arrangements is neither the sabotage claimed by Democrats nor the salvation sought by Republicans, as the practical effects will not be known for months.

James Freeman writes in the <u>Wall Street Journal</u> (10/12, Subscription Publication, 6.45M) critical of Democrats' professed concerns for the insurance market that will be impacted by President Trump's executive order, and suggests that the order could be a game changer for people seeking more insurance options than are available to them under the ACA.

The <u>Chicago Tribune</u> (10/12, 1.98M) editorializes that President Trump's "sweeping executive order" Thursday "could be another nail in Obamacare's coffin." The Tribune adds, "We hope Trump's order will ramp up pressure on Congress to find a more sweeping solution to fix Obamacare." The piece concludes, "Like or loathe Trump's order, it reflects more urgency than Congress has demonstrated."

Bloomberg View (10/12, 4.52M) editorializes that President Trump's purpose behind his executive order "is the same as ever: to undermine the Affordable Care Act and, more broadly, the very idea of health insurance." The piece says that Trump "wants to dismantle this cooperative arrangement and just let healthy people buy cheaper policies." The editorial concludes, "Trump's latest executive order, like his previous moves, seems motivated more by frustration at Congress's inability to repeal Obamacare than by any concern for the smooth functioning of the individual health-insurance market. Regardless, it puts the health of millions of Americans at risk."



Jake Novak writes for <u>CNBC</u> (10/12, 3.48M) that President Trump's executive order allows "cheaper and less extensive health insurance plans to be sold to the public once again," which were popular with "healthier, younger, and lower income people" before the ACA. However, Novak points out that the "obvious losers in this new scenario are the Americans with those serious and costly pre-existing conditions." To address that problem, Novak suggests that the "Trump team should make a deal" with insurance companies "involving some ratio of pre-existing patients covered for every Medicare Advantage customer" or make Medicaid available to people with pre-existing conditions, even if they have "decent incomes," but "can't get health care because they still can't afford it."

Science journalist Arlene Weintraub writes in Forbes (10/12, Weintraub, 5.11M) that four healthcare experts recently debated whether the US healthcare system is "terminally broken" at the Mayo Clinic Center for Innovation's annual conference and the "winning contenders" said, "Yes, the healthcare system is struggling, they argued, but the problems are fixable." Ezekiel Emanuel, a bioethicist at the University of Pennsylvania, described healthcare delivery models that "he says are working well," such as CareMore's Medicare Advantage plan in Southern California whose hospital admission rates are 45 percent lower than traditional Medicare. While the debaters agreed that "scaling up these ideas would not be easy," the piece adds, "most of the people who tuned in for the discussion were also unwilling to leave the healthcare system for dead."

Betsy McCaughey, Senior Fellow at London Center, writes in the New York Post (10/12, 4.31M) that the "Affordable Care Act requires everyone to buy the one-size-fits-all package" and President Trump's executive order Thursday takes "the opposite approach, allowing consumers choice." McCaughey adds that "Democrats are ranting that Trump's regulatory changes are sabotaging the Affordable Care Act," which she says is "a wild overstatement." She encourages Trump to "keep going," and to "stop enforcing the tax penalty on those who don't buy ObamaCare-compliant plans" and to "cancel the sweetheart deal his predecessor weaseled for members of Congress and their staff members." The piece concludes, "Once members of Congress are feeling the same pain as everyone else, they'll be more focused on repealing and replacing the dysfunctional health law."

Matt Birong, owner of a Vermont café, writes in the <u>Burlington (VT) Free Press</u> (10/12, 117K) that small businesses throughout his state "breathed a sigh of relief" when the Graham-Cassidy legislation "went up in flames," and Birong commends Vermont Gov. Phil Scott (R) for "crossing party lines" to stand "in opposition to Republicans in Congress as they attempted to roll back health care for millions of Americans." He concludes, "The challenges Vermont faces in health care, economic growth and affordability won't be as easily solved as the sinking of Graham-Cassidy and will require even more non-partisan work and cooperation to develop a solution that works for both Democrats, Republicans and, more importantly, all Vermonters."

The <u>Des Moines (IA) Register</u> (10/12, 324K) editorializes that some Republicans are claiming that if the Affordable Care Act exchanges fail in Iowa or elsewhere, Democrats will be to blame since they passed the law that created them. The editorial argues, however, that Republicans would be to blame because they are refusing to fix the exchanges by creating a public option.

The <u>San Antonio Express-News</u> (10/12, 1.18M) writes in an editorial that as more people go without insurance, the number of ER visits could rise because those people visit the ER to address routine health issues. The editorial suggests that as "the fifth season for enrollment in the Affordable Care Act launches Nov. 1...the lack of federal support for getting people enrolled could result in a reversal in the steady drop in the number of uninsured across the country." The Express-News concludes that "sabotaging efforts to maintain current ACA enrollment levels with no viable alternate plan in place will redirect uninsured patients to seek out more costly solutions for their medical problems," and that such "costly emergency room visits...could have been better handled in a clinic visit."

Opioid News:



EXPERTS SUGGEST BANNING SOME PAINKILLERS, RAMPING UP LAW ENFORCEMENT TO CURB OPIOID EPIDEMIC. The <u>Washington Post</u> (10/12, Bernstein, 10.38M) reports in "To Your Health" that the FDA should contemplate prohibiting the sale of "ultra-high-dosage" pain medicines and police must boost their efforts to halt the importation of fentanyl and heroin into the US, for the country to make headway against the opioid crisis, two experts said Thursday. The experts, "Andrew Kolodny, co-director of opioid policy research at the Heller School for Social Policy and Management at Brandeis University, and Thomas R. Frieden, former director of the U.S. Centers for Disease Control and Prevention," expressed their views in "an opinion <u>article</u> released Thursday in JAMA."

In an op-ed for The Hill (10/12, 1.68M), Dr. Frieden repeated his and Kolodny's list of "10 specific areas that could greatly accelerate progress in preventing addiction, overdose, and death."

TRUMP ADMINISTRATION FINALIZING RULE TO MANDATE OPIOID TESTING FOR SOME TRANSPORTATION WORKERS. The Hill (10/12, Zanona, 1.68M) reports that a proposed rule "to require opioid testing for certain transportation workers" is being finalized, according to information in a letter written by Transportation Secretary Elaine Chao this week. The article adds that the Department of Health and Human Services in January "updated its mandatory guidelines...for Federal Workplace Drug Testing Programs and" permitted the Department of Transportation "to add four prescription opioids to its drug-test panel: hydrocodone, hydromorphone, oxymorphone and oxycodone."

OPIOID EPIDEMIC PREYS ON VULNERABLE BRONX RESIDENTS. The New York Times (10/12, A1, Delreal, Subscription Publication, 13.56M) reports on its front page that the Bronx has endured a complicated "trajectory of opioid addiction," with "overdose deaths...declining until a new surge began at the turn of the decade." The article says the rise in fatalities has been driven by "social forces that have left some Bronx residents especially vulnerable." The article adds that some residents "blame racial politics for insufficient resources" to fight the epidemic.

SENATORS WARREN, MURKOWSKI CRITICIZE TRUMP FOR FAILING TO MAKE EMERGENCY DECLARATION ON OPIOIDS. The Hill (10/12, Roubein, 1.68M) reports that Senators Elizabeth Warren (D-MA) and Lisa Murkowski (R-AK) wrote a letter to President Trump expressing concern that he has "yet to take the necessary steps to declare a national emergency on opioids" despite indicating 63 days ago that the process was underway. The letter also criticized Trump for failing to make "any proposals to significantly increase funding to combat the epidemic."

The New York Daily News (10/12, Silverstein, 3.61M) and the Alaska Dispatch News (10/12, Martinson, 379K) also report.

ILLINOIS' NEW OPIOID TASK FORCE COMMENCES LISTENING TOUR. The AP (10/12) reports that a new Opioid Prevention and Intervention Task Force is "touring Illinois" on an information-gathering mission regarding the opioid crisis. The group is speaking with "health care providers, people who are suffering from opioid use disorder and others," with the ultimate goal of determining ways "to reduce the number of opioid deaths in Illinois."

ABOUT 26 MILLION PEOPLE DIE IN PAIN ANNUALLY AMID PALLIATIVE CARE GAP, REPORT SAYS. The AP (10/13, Neergaard) reports on a study published Friday in The Lancet finding that "nearly 26 million people around the world die each year with serious suffering in part because of a huge gap in pain relief." The report says one key "to improv[ing] palliative care in low-income countries while avoiding mistakes that led to the U.S. addiction crisis," is "using off-patent morphine that costs pennies a dose." The \$1.5 million study was funded by the University of Miami and Harvard University and with grants including from the U.S. National Cancer Institute, American Cancer Society, and Pfizer.

WAYNE, OAKLAND COUNTIES SUE DRUGMAKERS OVER OPIOID EPIDEMIC. The <u>Detroit Free Press</u> (10/12, Dudar, 1.07M) reports Wayne and Oakland county executives announced a joint lawsuit against several drug manufacturers and distributors, alleging the "deceptive marketing and sale of opioids," including OxyContin and Fentanyl. Wayne County Executive Warren Evans said opioid-related deaths in the county numbered 817 in 2016, up from 506 in 2015.



EDITORIAL: VIRGINIA COUNTIES WORKING TOGETHER TO TACKLE OPIOID ABUSE. In an editorial, the Richmond (VA) Times-Dispatch (10/12, 394K) writes that "the Richmond region can't ignore the painful facts of a drug addiction crisis so severe that the state has called it a public health emergency," praising collaboration among city and county officials in tackling the crisis. The piece spotlights the newspaper's own reporting on Virginia Department of Health overdose death data and says that "experience has shown that the lock-em-up approach has no effect."

Healthcare Fraud:

ARIZONA PHYSICIAN ACCUSED OF FORGING ADDERALL PRESCRIPTIONS. The AP (10/13) reports that an Arizona doctor of osteopathic medicine, Kevin Michael McKeown, has been indicted by a state grand jury for fraud for allegations of forging prescriptions to obtain Adderall. The Arizona Attorney General's Office says that McKeown faces "24 felony charges including fraudulent schemes, forgery, taking the identity of another and obtaining dangerous drugs by fraud."

Healthcare News:

RUBIO REQUESTS SENATE INVESTIGATION OF FLORIDA NURSING HOME AFTER 14 RESIDENTS' DEATHS. Politico (10/12, Caputo, 3.6M) reports Sen. Marco Rubio (R-FL) is calling for congressional investigations into Florida nursing home The Rehabilitation Center at Hollywood Hills following the deaths of 14 residents who were left without air conditioning at the facility in the aftermath of Hurricane Irma. Rubio wrote in a letter calling for the Senate Finance Committee to investigate the "terrible tragedy" that took place at the nursing home and cited problems with the home found by the Florida Agency for Health Care Administration such as high medication error rates.

MARYLAND AMONG WORST-PERFORMING STATES IN INVESTIGATING NURSING HOME COMPLAINTS BY DEADLINE, OIG REPORT FINDS. A report issued by the HHS Office of the Inspector General found the state of Maryland ranks among the lowest states in terms of investigating allegations of harm at nursing homes, the <u>Baltimore Sun</u> (10/11, Fritze, 706K) says. The report found Maryland "failed to investigate nearly 650 allegations" of harm or abuse within the mandatory 10-day period – "meaning the state missed the federal deadline 74 percent of the time." The state "ranked 7th worst in the nation for timely investigations of high-level complaints, according to a Baltimore Sun analysis of the report's data." The Sun says CMS offers "an increasing amount of information about" nursing homes online, although "it is not possible to review individual complaints and track how long it took for to trigger an inspection in each instance."

RETIREES SPENDING ONE-THIRD OF SOCIAL SECURITY INCOME ON MEDICAL COSTS, STUDY FINDS. Michelle Andrews writes for <u>Kaiser Health News</u> (10/13) that according to a recent study published this month by the Center for Retirement Research at Boston College, "retirees spent on average more than a third of their Social Security benefits on out-of-pocket medical costs in 2014." The typical retiree spent \$4,274 per year on medical costs excluding long-term care.

Human Services News:

STAFF, PATIENTS AT WASHINGTON FACILITY FOR HOMELESS VETERANS FACE "NOXIOUS GAS EXPOSURE." The Washington Post (10/12, Horton, 10.38M) reports staff and patients at the VA Community Resource and Referral Center, a Washington, DC, "medical facility for homeless military veterans," have "endured noxious gas exposure for nearly two years as top hospital administrators, though aware of the problem, have failed to remedy it." Estimates show that at least eight clinical workers "have tested positive for elevated levels of carbon monoxide, a March internal email said," and "[a]s many as 30 employees, desperate to avoid further exposure, have sought reassignment or permission to work remotely." Employees have "reported a range of symptoms...consistent with sewer gas exposure, as defined by the Centers for Disease Control and Prevention."



Emergency Response and Pandemic Preparedness:

HOUSE OVERSIGHT COMMITTEE INVESTIGATES HHS' HURRICANE PREPAREDNESS AND RESPONSE EFFORTS IN CARIBBEAN TERRITORIES. Modern Healthcare (10/12, Dickson, Subscription Publication, 238K) reports the House Committee on Oversight and Government Reform sent a letter to the Department of Health and Human Services on Wednesday inquiring as to "how it provided aid to Puerto Rico and the U.S. Virgin Islands after hurricanes Irma and Maria," following concerns that "the territories received different treatment than Texas, Florida and other states." According to Modern Healthcare, "The committee requested that HHS send any documents or communications related to threat assessments, mitigation measures, emergency preparedness or other contingency plans in the case of a hurricane striking Puerto Rico or the U.S. Virgin Islands from before Sept. 5," as well as any correspondence between September 5 and October 4 concerning hurricane preparation and recovery efforts in the territories.

Nutrition & Obesity:

CHICAGO-AREA SODA TAX REPEAL MAY SHIFT FIGHT IN BEVERAGE INDUSTRY'S FAVOR. Bloomberg News (10/12, Kaplan, 4.52M) reports Cook County, Illinois' repeal of its tax on sweetened beverages, along with the defeat of soda taxes in "Santa Fe, New Mexico, in May and in St. Helens, Oregon, earlier this month" are "a victory for the beverage industry," which has spent millions of dollars fighting such measures. Ali Dibadj, an analyst at Sanford C. Bernstein & Co., said in research note, "This win in Cook County seems to shift the tide somewhat in its favor." Cook County Commissioner Larry Suffredin, one of two commissioners favoring keeping the tax, "wrote in the Chicago Tribune he supported it because of the financing gap and the measure's potential to help fight increases in heart disease, diabetes and obesity."

Medicare:

CMS TERMINATES FLORIDA NURSING HOME'S MEDICARE PROGRAM. The AP (10/12) reports the Centers for Medicare & Medicaid Services recently issued a statement saying the Florida nursing home The Rehabilitation Center at Hollywood Hills has had its Medicare program terminated as of Friday "due to their failure to meet Medicare's basic health and safety requirements." The announcement follows Florida's move to ban the center from Medicaid following the deaths of 14 residents after the facility could not provide them with air conditioning when Hurricane Irma knocked out its power.

Medicaid & CHIP:

MICHIGAN GOV. SNYDER DEFENDS LEGIONNAIRES' OUTBREAK TESTIMONY, STATE MEDICAID COSTS. The Detroit Free Press (10/12, Spangler, 1.07M) reports Michigan Gov. Rick Snyder spokesman Air Adler "says the governor is standing by sworn testimony he gave Congress about when he learned of Legionnaires' disease outbreaks in the Flint area," after a top aide testified last week that Snyder learned about the outbreaks weeks earlier. The Free Press also reports that in a letter to U.S. Sen. Ron Johnson, Snyder defended the Healthy Michigan program saying he "respectfully disagrees that the approach used in your letter to calculate the growth in expenditures is an accurate portrayal of this successful program."

OPINION: MAINE VOTERS SHOULD OPPOSE MEDICAID EXPANSION. Maine state Rep. Heather Sirocki writes in an op-ed for the <u>Bangor (ME) Daily News</u> (10/12, 162K) that Maine voters should vote no on Question 2 to expand Medicaid this November because "Medicaid expansion will give taxpayer-funded welfare to working-age adults who are not disabled" and the state's last attempt resulted in a budget crisis. Sirocki calls the ballot measure "another attempt by well-funded special interest groups to force voters into making laws at the ballot box, a job primarily reserved for lawmakers."

NEW HAMPSHIRE GOV. SUNUNU DEFENDS MEDICAID COSTS. The Concord (NH) Monitor (10/13,



DeWitt, 38K) reports New Hampshire Gov. Chris Sununu "pushed back" on Thursday against "assertions by U.S. Sen. Ron Johnson of Wisconsin that New Hampshire's Medicaid expansion program has experienced skyrocketing costs." Sununu pointed to analysis by the actuarial consulting firm Milliman suggesting the claim was inflated. The Milliman review identified external factors, including that the state's Medicaid program didn't get started until halfway through 2014 and delayed billing practices for claims made in the first year

Health & Medical News:

FDA PANEL RECOMMENDS APPROVAL OF EXPERIMENTAL GENE THERAPY TREATMENT FOR LEBER'S CONGENITAL AMAUROSIS. The <u>CBS Evening News</u> (10/12, story 10, 1:50, Mason, 11.17M) reported, "An FDA advisory panel today recommended approval of an experimental treatment for" Leber's congenital amaurosis (LCA), "a rare form of blindness."

In a segment on the <u>NBC Nightly News</u> (10/12, story 9,. 1:50, Holt, 16.61M), NBC News medical correspondent Dr. John Torres explained that physicians "inject directly into the eye a normal gene to fix the defective gene." Torres said scientists "believe one day, this approach could treat other conditions caused by genetic defects" such as some "cancers, heart disease and Parkinson's."

The Washington Post (10/12, McGinley, 10.38M) reports the committee recommended the therapy, Luxturna, be made the first gene therapy to be approved in the US for an inherited disorder. Spark Therapeutics produces the therapy, which "does not give patients perfect vision but does produce substantial improvements, researchers said." The treatment "represents what is thought of as true gene therapy, in which a functional gene does the job of a defective one."

Bloomberg News (10/12, Chen, Tracer, 4.52M) reports the treatment's approval "would be a major scientific milestone – and also open the door for record-breaking drug prices and novel ways to pay for them." The article says Luxturna may face pricing impediments to comply with Medicaid, noting CMS said it "is committed to further exploring the development of innovative payment arrangements for new and potentially life-saving treatments."

Reuters (10/12, Clarke) reports the FDA panel "voted unanimously in favor of the treatment."

Also providing coverage are the <u>Financial Times</u> (10/12, Crow, Subscription Publication, 1.34M), <u>CBS News</u> (10/12, 4.42M), <u>Newsweek</u> (10/12, Sheridan, 991K), <u>NPR</u> (10/12, Stein, 2.4M) in its "Shots" section, the <u>Philadelphia Inquirer</u> (10/12, Loyd, 1.71M), and the <u>Philadelphia Business Journal</u> (10/12, George, Subscription Publication, 894K).

RESEARCHERS IDENTIFY GENETIC VARIATIONS AFFECTING SKIN COLOR THAT ARE SPREAD AROUND THE WORLD. The New York Times (10/12, Zimmer, Subscription Publication, 13.56M) reports "researchers pinpointed eight genetic variants in four narrow regions of the human genome that strongly influence pigmentation – some making skin darker, and others making it lighter." The researchers found that "these genes are shared across the globe, it turns out; one of them, for example, lightens skin in both Europeans and hunter-gatherers in Botswana." The findings were published in Science.

HealthDay (10/12, Preidt, 11K) reports that previous research on the genetics of skin pigmentation have mainly focused on people of European descent, but in the new study "researchers assessed skin pigmentation and genetic data from nearly 1,600 ethnically and genetically diverse people in Africa."

POTENTIAL BENEFITS OF FEDERALLY-FUNDED GUN RESEARCH DISCUSSED. CNN (10/12, Scutti, 33.59M) discusses what possibly can be learned from federally-funded gun research in light of the fact that, "Since the mid-1990s, the federal government has blocked or restricted funding for scientific research into gun violence." Among a number of aspects in the call for more gun research, such as potential policy solutions and the goal of gun research, the piece states that "in recent years, many scientific researchers and professional organizations, such as the American Medical Association and the



American Psychological Association, clamored for more study of gun violence."

LIQUID BIOPSY OF RETINOBLASTOMA MAY BE POSSIBLE, STUDY SUGGESTS. <u>STAT</u> (10/12, McFarling, 43K) reports practitioners might be able to conduct a liquid biopsy of a retinoblastoma tumor by using the "fluid that's removed from the eye during chemotherapy and typically discarded." Researchers, who found that the DNA in the removed fluid "matched the DNA found in" the tumors, published their <u>findings</u> in JAMA Ophthalmology.

SOME CANCER RESEARCHERS USING AI TO DEVELOP NEW TREATMENTS. Newsweek (10/12, Dilawar, 991K) reports that some cancer researchers are using artificial intelligence to help develop new treatments. The article highlights Insilico Medicine, a company based in Baltimore, that is using AI for biotech research.

ANALYSIS: CANCER INCREASINGLY BEING VIEWED BY CAUSE RATHER THAN LOCATION. Melissa Healy writes for the Los Angeles Times (10/12, Healy, 4.49M) that historically "oncologists often specialize in treating cancer in one organ, to the exclusion of all others," but "that centuries-old view of cancer is changing." Organizing cancers by their location "has made sense for generations, but the results of molecular analysis are now calling this view into question," David Haussler, Joshua M. Stuart and colleagues wrote in October 2013 in Nature. "Cancers of disparate organs have many shared features, whereas, conversely, cancers from the same organ are often quite distinct." Healy notes that the U.S. Food & Drug Administration "took a major step toward breaking down those walls. It approved the immunotherapeutic drug Keytruda to treat metastatic solid tumors in any organ."

COLUMN: PATIENTS STRUGGLE WITH FIRING THEIR DOCTORS. Bob Brody writes in the New York Times (10/12, Subscription Publication, 13.56M) about his experience with his primary care physician for over 20 years and how he came to question "his judgment in medical matters" as he aged. The column discusses how electronic medical records has impacted patient-physician interactions, as well as the trend of physicians being "so risk-averse" that they prescribe medications by "default" or refer them to specialists, even when it may not be necessary. The piece quotes an American Medical Association spokesman that said, "Burnout and caregiver fatigue among physicians is a real and growing problem that impacts patients," and may be a reason to have discussions with or change physicians.

LATIMES INTERVIEWS CHIEF MEDICAL OFFICER OF AMERICAN CANCER SOCIETY ABOUT CANCER RESEARCH. The <u>Los Angeles Times</u> (10/12, Healy, 4.49M) interviews Dr. Otis W. Brawley, the chief medical officer of the American Cancer Society, about cancer research. The article reports that Brawley is excited about new developments, but also concerned about how slowly new discoveries are adopted.

MORE PATIENTS, PHYSICIANS TREATING CANCER LIKE A CHRONIC ILLNESS. The Los Angeles Times (10/12, Ravn, 4.49M) reports that cancer is becoming more like a chronic illness for some patients, because of new treatments. The article reports that when physicians can distinguish between less aggressive and more aggressive types of cancer, sometimes "treating cancer like a chronic illness can often reduce both the financial cost and the physical risks of intensive treatment."

VETERANS ARE MORE LIKELY TO REVEAL POST-TRAUMATIC STRESS TO A VIRTUAL BOT, STUDY SUGGESTS. Reuters (10/12, Cohen) reports that "soldiers and veterans who served in war zones" were "up to three times more likely to reveal" post-traumatic stress symptoms "to a computer-generated interviewer named Ellie" than on a formal post-deployment survey, according to the results of a new <u>study</u>. The study's authors concluded that a non-human tool could prove beneficial in addressing PTSD in veterans.

BIPARTISAN BILL TO CREATE A NATIONAL DIABETES COMMISSION HEADS TO TRUMP'S DESK. The AP (10/12) reports that a bipartisan bill to "establish a national commission of health care experts on diabetes care and prevention" has passed both the House and Senate is awaiting President Donald Trump's action.



FLORIDA DETECTS ITS FIRST ZIKA INFECTION CAUSED BY A MOSQUITO IN 2017. The Miami Herald (10/12, Chang, 701K) reports that Florida's health department on Thursday announced the first case of mosquito-transmitted Zika in the state this year. Health officials said an individual was infected with the virus during a trip to Cuba with a partner. Upon the couple's return to Florida, a mosquito "spread the virus to the infected person's partner."

The AP (10/12) also reports.

ONE-THIRD OF TEENS BELIEVE SMOKING MARIJUANA AND DRIVING IS LEGAL IN SOME STATES, SURVEY SUGGESTS. <u>USA Today</u> (10/12, May, 8.62M) reports that 33 percent of 2,800 surveyed teenagers indicated they believed driving while smoking marijuana is legal in states that permit recreational use. The <u>study</u> also revealed that nearly 90 percent "of teens think driving under the influence of alcohol is dangerous," whereas 68 percent believe that "driving under the influence of marijuana is dangerous." The article mentions that "marijuana can stay in a person's system for days to weeks, according to the National Institute on Drug Abuse."

FDA DECLINES TO APPROVE OPIOID PAIN MEDICATION. Reuters (10/12, Mishra) reports that the Food and Drug Administration declined to approve the opioid pain medication Dsuvia (sufentanil sublingual tablet) and instead requested additional safety data and "certain changes in the directions of use to ensure proper administration of the drug." The drug's maker, AcelRx, said the agency's requests were "manageable" and that it planned to resubmit the application.

THIRD POLE DEVICE CAN HELP NEWBORNS BREATHE WITHOUT BULKY EQUIPMENT.

Bloomberg News (10/12, Belfiore, 4.52M) reports on device produced by Third Pole which "generates nitric oxide (NO) from the air to improve oxygenation and treat pulmonary hypertension, a common ailment among newborns, without bulky tanks or regulators." The Third Pole "combines air with pulsed electrical charges to produce NO, dilating the blood vessels in the patient's lungs to send more oxygen to the rest of the body." The National Institutes of Health has awarded the company \$3.5 million in grants. The founders of the company are the father-son team of Warren Zapol, an anesthesiologist and Harvard professor, and David Zapol, who holds advanced degrees in "biology, public health, and immunology from MIT, Columbia, and Stanford."

LAWSUIT CLAIMS STEROID ALTERNATIVE IS MORE DANGEROUS THAN ADVERTISED. The Wall Street Journal (10/12, Gershman, Subscription Publication, 6.45M) reports a supplement maker has filed a lawsuit against online vendors that market Selective Androgen Receptor Modulators (SARMs) to bodybuilders as a safe alternative to steroids. The lawsuit claims that SARMs are more harmful to the liver than advertised by the vendors. The Food and Drug Administration declined to comment on the lawsuit, however, the agency considers SARMs regulated drugs, but few enforcement actions have been taken against the vendors.

REQUIRING PRESCRIPTION DRUG ADS TO LIST ALL POSSIBLE SIDE EFFECTS LEADS CONSUMERS TO PAY LESS ATTENTION TO MOST SERIOUS SIDE EFFECTS, STUDY FINDS. In continuing coverage, STAT (10/12, Silverman, 43K) reports that a study published in Nature Human Behaviour finds that TV ads for prescription drugs that list "all of the potential risks, big and small," actually leads consumers to "pay less attention to the most serious side effects and, consequently, focus on the benefits of the drug." The researchers "ran six experiments, involving more than 3,000 U.S. participants, to test whether providing information on both major and minor side effects reduces the overall perception of the severity of the side effects." They concluded that "the FDA— in regulating direct-to-consumer advertisements to list side effects that range from the serious, such as stroke and thoughts of suicide, to those less serious, such as dry mouth and headache — have diluted consumers' judgments of the overall severity of the drug's side effects."

AMERICAN HOSPITAL ASSOCIATION REPORT DEFENDS HOSPITALS' FEDERAL TAX EXEMPTIONS. Forbes (10/12, Japsen, 5.11M) reports the American Hospital Association commissioned an analysis from Ernst and Young highlighting the ways in which hospitals earn their federal tax exempt status by providing a benefit to communities that outweighs the lost tax revenue "by a factor of 11 to 1."



While the tax exemption results in roughly \$6 billion in lost revenue in 2013, "the most recent year ... information was available for the AHA's Ernst & Young report," the report found that hospitals produced a \$67 billion benefit for their communities that year. According to AHA CEO Rick Pollack, "Hospitals of all kinds – urban and rural, large and small – are demonstrating the value they provide and solidifying their commitment to making their communities healthier through strengthened community partnerships, health and wellness programs, and outreach activities designed to combat identified community needs."

FDA EXPANDS CLEARANCE FOR NUVASIVE'S PRECICE LIMB LENGTHENING SYSTEM. The San Diego Business Journal (10/12, 43K) reports the FDA expanded 510 (k) regulatory clearance for NuVasive's Precice system, "which treats patients with limb length discrepancy and deformities." The expanded approval allows the system to be used "for open and closed fracture fixation, pseudoarthrosis, malunions, nonunions and bone transport," in addition to the system's previous approval for femur and tibia lengthening.

DELAWARE OFFICIALS ANNOUNCE FIRST CASE OF HUMAN WEST NILE VIRUS INFECTION SINCE 2015. The AP (10/12) reports Delaware public health officials announced the first known case of West Nile virus infecting a human since 2015; the 70-year-old woman who contracted the virus "was briefly hospitalized but is now recovering at home." According to the AP, "Officials say the virus is still showing up in sentinel chickens monitored for mosquito-borne diseases, and that mosquitoes remain very active, especially given the unseasonably warm weather."

EVEN SLIGHTLY EARLY BIRTH MAY BE ASSOCIATED WITH WORSE CARDIORESPIRATORY FITNESS, STUDY SUGGESTS. Reuters (10/12, Lehman) reports that research suggests "babies born a little early, but still within the range considered 'full term,' may have worse cardiorespiratory fitness than peers born after a full 39 weeks of gestation." Investigators found that, "compared to kids born at full-term (39-40 weeks) and late-term (41-42 weeks), those born early-term (37-38 weeks) were about 57 percent more likely to have poor cardiorespiratory fitness during adolescence and young adulthood." The findings were published in the Journal of the American Heart Association.

PUBLIC CPR TRAINING MAY HELP MORE VICTIMS OF CARDIAC ARREST SURVIVE, STUDY SUGGESTS. Reuters (10/12, Rapaport) reports that research suggests "training more community members, patients and families to recognize and respond to a cardiac arrest before medical help arrives may help more victims survive." The <u>findings</u> were published in JAMA Cardiology.

TIPS PROVIDED ON HOW TO LIMIT KIDS' SMARTPHONE USE. TIME (10/12, Heid, 5.85M) reports on increasing "concern among parents, educators and mental health experts that excessive smartphone use may be contributing to the recent surge in adolescent depression and suicide." TIME provides "five tips" on limiting smartphone use in kids, such as keeping them out of children's bedrooms, setting up "online firewalls and data cutoffs," creating "a device contract," modeling "healthy device behaviors," and getting kids "old-school flip phones."

OP-ED: DAVID BROOKS BEMOANS LACK OF NEW INSTITUTIONS TO SOLVE CURRENT ISSUES IN THE US. David Brooks writes in the New York Times (10/13, Subscription Publication, 13.56M) that Americans used to create "civic institutions" which were "founded to address the nation's problems," such as the "Forest Service ... the Food and Drug Administration, the municipal reform movement, the suffrage movement, the Federal Reserve System, the Boy Scouts, the 4-H clubs, the settlement house movement, the compulsory schooling movement, and on and on." Brooks says today, there are "a lot of history-making new companies being created, but you don't see too many big civic organizations." He argues that the main culprit for this dearth is "political polarization," but says churches and the affluent are also to blame.

USING CRISPR GENE EDITING, RESEARCHERS STOP SPERM PRODUCTION IN MICE. Newsweek (10/12, Frankel, 991K) reports, "A new study.. <u>published</u> in Nature Communications breaks new ground in approaching a male contraceptive," at least in mice. Researchers "found that by shutting off a pathway using CRISPR gene editing, they could stop sperm production in" the animals.



The <u>Pittsburgh Tribune-Review</u> (10/12, Schmitt, 236K) reports scientists say the study's "findings are a significant step in finding drug treatments that could similarly block the genetic expression of this gene, called PNLDC1, in humans."

ANALYSIS: ALZHEIMER'S DISEASE HAS A PERSONAL COST. The AP (10/13, Hester) spotlights the human costs of Alzheimer's disease, which affects 30,000 over the age of 65 in Utah. The piece profiles a couple who have been married for 61 years and how they have adapted their lives since Kay Trowbridge, 81, was diagnosed in 2012.

National News:

IN RARE PUBLIC STATEMENT, KELLY DENIES TENSION WITH TRUMP. Coverage of Chief of Staff Kelly's appearance at the White House daily news briefing highlights the rarity of public comments from Kelly, and analyses agree that Kelly sought to defuse reports of tension between him and President Trump. Many of the reports are brief, and most focus on those two points.

ABC World News Tonight (10/12, story 4, 1:40, Muir, 14.63M) reported that in "a very rare moment, amid reports of growing tension between the two, the Chief of Staff suddenly walking into the White House briefing room, and he took questions about his relationship with President Trump." ABC's Jonathan Karl said that Kelly "firmly denied reports he's so fed up with his job he wants to quit." Kelly: "Although I read it all the time, pretty consistently, I'm not quitting today. I don't believe – and I just talked to the President – I don't think I'm being fired today. And I'm not so frustrated in this job that I'm thinking of leaving." Karl: "It's the first time Kelly has taken questions from the White House press corps since becoming the ultimate behind-the-scenes power player."

On the <u>CBS Evening News</u> (10/12, story 4, 2:10, Mason, 11.17M), Margaret Brennan reported that Kelly "came to the briefing room today to assert there is no chaos in the Trump White House despite weeks of controversies. ... Today, Kelly channeled his boss." Kelly: "One of his frustrations is you, all of you. Not all of you, but many of you." Brennan: "Kelly said he is focused on instilling order at the White House, and not on controlling the President." Kelly: "I was not brought to this job to control anything but the flow of information to our president, so that he can make the best decisions." Brennan: "But it was clear that Kelly does not always agree with those decisions. ... Kelly's marching orders were to put a positive spin on working at the Trump White House. Despite his denials, we know Kelly is fatigued by the President's Twitter habit and his temper."

Kristen Welker reported on NBC Nightly News (10/12, story 2, 2:10, Holt, 16.61M) that a "candid and comfortable" Kelly offered "new insight into his relationship with the President." Kelly: "I was not sent into or brought in to control him, and you should not measure my effectiveness as a chief of staff by what you think I should be doing." Welker: "Kelly also revealing one of his biggest concerns, the North Korean nuclear crisis." Kelly: "Let's hope that diplomacy works." Welker: "And weighing in on whether the President's public feuds are derailing his legislative agenda." Kelly: "The President has a right to defend himself."

<u>USA Today</u> (10/12, Estepa, 8.62M) reports in a brief item that Kelly "sought to quash rumors of his dissatisfaction with his White House role at Thursday's press briefing," but "quipped that being charged with the running of the White House isn't the best job he's had," saying that "that title goes to being an enlisted Marine."

The Washington Post (10/12, Rucker, 10.38M) reports that Kelly "sought to dismiss reports that he has been frustrated working for President Trump in what he characterized as 'the hardest job I've ever had." Politico (10/12, Karni, 3.6M) reports that Kelly "delivered a relaxed and upbeat performance that helped tamp down reports of tension." The New York Times (10/12, Shear, Subscription Publication, 13.56M) writes, "Such is the tightrope that a chief of staff in a Trump presidency must walk: simultaneously demonstrating a sense of calm and order inside the White House while being careful not to appear critical of the president's lack of those very qualities."



The <u>Daily Caller</u> (10/12, Ross, 521K) reports that in his "candid remarks," Kelly "acknowledged that White House chief of staff is the most taxing job he's ever had." <u>The Hill</u> (10/12, Fabian, 1.68M) reports that Kelly's steps "to impose order and discipline in what had been reportedly a chaotic and disorganized West Wing...have irked some senior officials and outside Trump allies who criticize Kelly for not allowing Trump to operate in the same freewheeling manner he did when running his businesses and presidential campaign."

Michael Crowley of Politico said on <u>Fox News Special Report</u> (10/12, 1.93M), "I think there is a narrative, which the White House obviously disputes, that it's chaos and everyone is on the brink of quitting and they are just barely containing Trump in his wildest impulses. Kelly comes out and he is a guy with natural, unforced authority."

<u>Bloomberg News</u> (10/12, Wayne, Epstein, 4.52M), <u>Reuters</u> (10/12, Mason, Holland), the <u>Los Angeles Times</u> (10/12, Bennett, 4.49M), and the <u>Washington Times</u> (10/12, Boyer, 541K) also report Kelly's remarks.

TRUMP: FEDERAL RELIEF WORKERS WON'T BE IN PUERTO RICO FOREVER. In a series of tweets Thursday, President Trump suggested that federal relief workers cannot remain in Puerto Rico indefinitely. Trump tweeted (1, 2, 3), "Puerto Rico survived the Hurricanes, now a financial crisis looms largely of their own making.' says Sharyl Attkisson...A total lack of accountability say the Governor. Electric and all infrastructure was disaster before hurricanes. Congress to decide how much to spend. We cannot keep FEMA, the Military & the First Responders, who have been amazing (under the most difficult circumstances) in P.R. forever!" Trump's comments were met with condemnation from Democratic lawmakers and almost universally negative media coverage, which casts the tweets as a threat and an effort to blame Puerto Rico for its current situation.

Lester Holt said on NBC Nightly News (10/12, story 3, 2:25, 16.61M) that Trump "seemed to be threatening to pull emergency responders from the American commonwealth." Gabe Gutierrez added that in Puerto Rico, "some feel the President's words add insult to injury." Trump, he added, "seeming to break the promise he made last Friday." Trump: "We will not rest until that job is done." On ABC World News Tonight (10/12, story 6, 2:30, Muir, 14.63M), Cecilia Vega described Trump's tweets as "a dire warning that federal aid to Puerto Rico may disappear."

A front-page story in the Washington Post (10/12, A1, Rucker, Hernández, Roig-Franzia, 10.38M) says Trump "sought to hold the territory responsible for its own plight because of chronic mismanagement – prompting an immediate backlash from Puerto Ricans and mainland lawmakers in both parties," while the New York Times (10/12, A1, Baker, Ferré-sadurní, Subscription Publication, 13.56M) describes Trump as "angry" about criticism of the "slow and not always empathetic response to the storms that ravaged the United States territory," and says he "sought to refocus blame to where he believes it belongs – the leadership of the island itself, which in his view mismanaged its affairs long before the winds blew apart its infrastructure." The Times adds, however, that Trump's "threat may mean less than it appears – federal government officials quickly said that they were not pulling out of Puerto Rico anytime soon." Nonetheless, it "provoked another wave of criticism from the island and its supporters who expressed astonishment that the president would assail the very people he was supposed to be assisting."

Similarly, the Los Angeles Times (10/12, King, Bierman, 4.49M) says Trump "drew a sharp and dismayed backlash...from Democratic lawmakers, activists and many Puerto Ricans." House Minority Leader Nancy Pelosi said the tweets were "heartbreaking" and demonstrated a lack of understanding of FEMA's role. Senate Minority Leader Schumer tweeted, "There is still devastation, Americans are still dying. FEMA needs to stay until the job is done." Rep. Nydia M. Velazquez issued a statement saying Trump's words and actions have "called into question his ability to lead." The Washington Post (10/12, Hernández, Roig-Franzia, 10.38M) reports that while Trump's comments "were not surprising to many Puerto Ricans," they "stung" and "they helped underscore the feeling that the president doesn't view them as deserving the same level of assistance as citizens on the mainland United States." The Washington Times (10/12, Persons, 541K) also reports briefly on Trump's tweets.



David Begnaud said on the <u>CBS Evening News</u> (10/12, story 2, 2:15, Mason, 11.17M) that as Trump is "threatening to limit federal help...residents struggle to find clean water amid fears that floodwater is spreading disease." <u>Politico</u> (10/12, Nelson, 3.6M) cites a website created by the Puerto Rican government which "showed that nearly 90 percent of the island was still without power as of Wednesday and 47 percent does not have telephone service." Politico adds that despite the island's "ongoing challenges," Trump "has claimed credit for a successful recovery effort in Puerto Rico." The <u>New York Times</u> (10/12, Dickerson, Subscription Publication, 13.56M) reports that "the challenge of finding enough water to drink and cook with remains enormous across the island." Grocery store managers, distributors, and supply companies say demand has "skyrocketed" because "safe, drinkable tap water is still largely unavailable, and deliveries of water from the outside have not kept up with demand." The EPA on Wednesday "cited reports of residents trying to obtain drinking water from wells at hazardous Superfund sites."

<u>USA Today</u> (10/12, Bacon, 8.62M) White House Chief of Staff Kelly addressed Trump's comments during a press conference Thursday, saying that an emergency worker's goal is to "work yourself out of a job." The <u>Washington Examiner</u> (10/12, Kasperowicz, 465K) quotes Kelly as saying, "Our country will stand with those American citizens in Puerto Rico until the job is done, but the tweet about FEMA and DOD... is exactly accurate. ... They're not going to be there forever, and the whole point is to start to work yourself out of a job and transition to the rebuilding process."

White House Director of Legislative Affairs Marc Short said on <u>CNN's Situation Room</u> (10/12, 841K), "I think there's a growing push to say, help fix the problems that existed before the hurricane, and that's not fair to the American taxpayer. We should help to repair things that were done by natural disaster, but we have to be careful that there is not an extra effort to say, there was a lot of infrastructure problems on the island existed before the hurricane, and we want the American taxpayer now to come out and bail out those problems."

Eugene Robinson writes in the <u>Washington Post</u> (10/12, 10.38M) that if Trump cuts off federal aid to Puerto Rico, it would be "government by spite and should be considered an impeachable offense." To "abandon 3.4 million Americans in their hour of need" would be "an unprecedented and shameful act" and "grounds for removing an unfit man from the high office he dishonors." A <u>New York Times</u> (10/12, Subscription Publication, 13.56M) editorial questions why Trump chose to "pick on the storm-ravaged American citizens of Puerto Rico, of all defenseless people, and reveal such a cold-hearted lack of empathy for their plight." Trump's tweets, the Times adds, "set a new low," and "called into question whether Mr. Trump grasps and accepts the responsibilities of his office." The Times concludes that Trump's "compulsive need to shame people can only boomerang in this case and shame Mr. Trump in any pretense that he is up to the job."

The Washington Post (10/12, 10.38M) argues in an editorial that if Americans in "Connecticut or Montana or Arkansas," faced the conditions residents of Puerto Rico are facing, "the president of the United States certainly wouldn't be threatening to abandon federal relief efforts." The Post calls on Congress to "give Puerto Rico the resources it needs" and "exercise its oversight over the administration to demand answers on why, three weeks after disaster struck, so many Americans are still living in misery with so little hope for the future."

San Juan Mayor Accuses Trump Of Genocide. The Washington Times (10/12, Dinan, 541K) reports that San Juan Mayor Carmen Yulin Cruz on Thursday accused Trump of "genocide" for his handling of recovery efforts in Puerto Rico. Cruz made the "startling accusation in a text message sent to Rep. Luis V. Gutierrez," in which she wrote, "I ask the United Nations, UNICEF and the world to stand with the people of Puerto Rico and stop the genocide that will result from the lack of appropriate action of a President that just does not get it because he has been incapable of looking in our eyes and seeing the pride that burns fiercely in our hearts and souls."

FBI Looking Into Claims Puerto Rican Officials Are Withholding FEMA Supplies. The Daily Caller (10/12, Picket, 521K) reports that the FBI is looking into "multiple allegations" from Puerto Rico residents



"who say local officials in the territory have withheld needed FEMA supplies." FBI Special Agent Carlos Osorio said, "People call us and tell us some misappropriation of some goods and supplies by supposedly politicians, not necessarily mayors, but people that work for the mayors in certain towns. ... So what we're doing is looking into these allegations. That I can tell you is happening. Again, I cannot say that we have any ongoing investigation. We're just corroborating these allegations." The FBI is currently "aware of six municipalities among Puerto Rico's 78 municipalities where such activity is allegedly happening."

Rubio Urges Trump To Create Task Force On Puerto Rico Reconstruction. Reuters (10/12, Cowan, Rampton) reports that Sen. Marco Rubio said Thursday that he has urged the President "to create a high-level task force to provide ideas and advice for helping Puerto Rico to rebuild after Hurricane Maria, and that the president was receptive to the idea." Rubio said that during a conversation with Trump on Sunday, "He was asking me, 'What do we need to do next?' ... My argument to him was, I have some ideas, but there are people who have even more, better ones, because they live or lived in Puerto Rico, they understand its politics, its economics, its pre-existing challenges and its long-term opportunities. ... He seemed to like the idea, and said they would follow up and see what that would look like."

Pollitico (10/12, Shepard, 3.6M) cites "a series of new surveys" in which "majorities think the Trump administration isn't doing enough to help Puerto Rico" and one which "suggests that a majority of voters don't think Trump cares about Puerto Rico's problems." The latest POLITICO/Morning Consult poll found that "only 32 percent of registered voters think the federal government has done enough in response to Hurricane Maria." Similarly, in a Kaiser Family Foundation poll released Thursday, 40 percent "say the government is doing enough to restore electricity and access to food and water in Puerto Rico, while 52 percent say the government isn't doing enough." A Quinnipiac University poll found that 55 percent of voters "say Trump and his administration haven't done enough to help Puerto Rico in the wake of Hurricane Maria," and "a majority of voters, 52 percent, say they don't think Trump cares about the problems facing Puerto Rico after Maria."

HOUSE APPROVES \$36.5 BILLION AID PACKAGE. The New York Times (10/12, Kaplan, Subscription Publication, 13.56M) reports that the House on Thursday "approved a \$36.5 billion aid package on Thursday that would provide hurricane and wildfire relief funding while bailing out the financially troubled National Flood Insurance." the aid package, which passed the House over "a smattering of concern for the rising cost," would also "help Puerto Rico's financially beleaguered government avoid running out of cash in the wake of Hurricane Maria." McClatchy (10/12, Drusch, Dumain, 67K) describes Thursday's debate as "a preview of some serious political griping that lies ahead on both sides of the aisle, and the complaints have the potential to interfere with future efforts to get aid to areas in desperate need of assistance." While "Texas and Florida officials sought additional funds for rebuilding efforts in their states," conservatives "issued new calls for spending cuts to help pay for the assistance as well as more transparency about how the money is spent," and "Democrats had their own set of grievances, calling for more money faster."

REPORTER HIGHLIGHTS AID GROUPS' DIFFICULTIES DELIVERING SUPPLIES. In an "Editorial Observer" piece for the New York Times (10/12, Subscription Publication, 13.56M), Times reporter Elizabeth Williamson laments the difficulties aid organizations have delivering supplies, "warehousing them and trucking them to people in need." Noting the aid groups' costs for delivery logistics, Williamson highlights the American Logistics Aid Network (ALAN), which "helps handle this, at little or no cost to aid organizations." ALAN "is a nonprofit network of transportation, warehousing, cold storage and distribution trade organizations that eases the flow of aid to disaster sites."

EPA ORDERS TWO COMPANIES TO CLEAN UP TOXIC WASTE SITE FLOODED BY HARVEY. In what the AP (10/12, Biesecker) says is a "rare victory" for environmentalists from the Trump Administration, the EPA "ordered two big corporations this week to pay \$115 million to clean up a Texas toxic waste site that may have spread dangerous levels of pollution during flooding from Hurricane Harvey." A directive signed by EPA Administrator Pruitt requires "International Paper and McGinnis Industrial Maintenance Corp., a subsidiary of Waste Management Inc., to excavate 212,000 cubic yards



of contaminated sediments from the San Jacinto River Waste Pits." The directive "triggers the beginning of what could be months of negotiations between EPA and the two companies to reach a final settlement."

NYTIMES ANALYSIS: HOUSE DEMOCRATS LIKELY TO CONTINUE FUTILE EFFORTS TO IMPEACH TRUMP. The New York Times (10/12, Fandos, Subscription Publication, 13.56M) reports that Rep. Al Green (D-TX) on Wednesday "walked onto the floor of the House and presented articles of impeachment against" President Trump, but "Congress, firmly in Republican control, barely blinked an eye. The dynamic is likely to become a lot more familiar on Capitol Hill as the Trump presidency and investigations into the president's associates grind on." The Times adds that "liberal Democrats are turning to one of Congress's most symbolically freighted cudgels — impeachment — to add urgency to their longstanding criticisms of a president they say is unfit for office. But with the special counsel, Robert S. Mueller III, still pursuing his investigation, the efforts lack the weight of a prosecutor's brief – and could become the objects of scorn, if not mockery."

Waters: Congress "Should Be Moving On Impeachment." The Washington Examiner (10/12, Lim, 465K) reports that during a Thursday appearance on MSNBC, Rep. Maxine Waters (D-CA) said "there is now enough evidence stacked against...Trump as part of the Russia probe that the Congress 'should be moving on impeachment." Said Waters, "I believe that there really has been collusion and I do think that our special counsel [Robert] Mueller is going to connect those dots. But I think there's enough now that we all know, and we all see, and we all understand that we should be moving on impeachment."

"SENIOR WHITE HOUSE OFFICIAL": TRUMP ATTORNEYS MAY OFFER MUELLER A MEETING WITH PRESIDENT. Politico (10/12, Samuelsohn, 3.6M) reported that attorneys for President Trump "are open to having the president sit down for an interview with Robert Mueller, according to a senior White House official, as part of a wider posture of cooperation with the special counsel's Russia probe. If Mueller doesn't request an interview by Thanksgiving," the President's attorney's "might even force the issue by volunteering Trump's time, the official said. The White House believes such an interview could help Mueller wrap up the probe faster and dispel the cloud of suspicion over Trump." Politico added that "the official suggested that the White House has no reason to stonewall Mueller. 'Whatever happens with regard to whether or not, or how, the special counsel might want to interview the president, there's no reason to expect that would be combative,' the senior White House official explained."

Lynch, Power To Appear Before Congressional Investigators. USA Today (10/12, Kelly, 8.62M) reports, "Two high-ranking Obama administration officials – former attorney general Loretta Lynch and former UN ambassador Samantha Power – will soon answer questions from congressional investigators probing Russia's meddling in the 2016 presidential election. Power is scheduled to meet with the House Intelligence Committee in a closed-door session" today, "according to a congressional aide." Meanwhile, Lynch "will answer questions on Capitol Hill next week, according to a person familiar with the matter." Lynch "is expected to meet behind closed doors with both the House and Senate Intelligence Committees."

Politico (10/12, Cheney, Gerstein, 3.6M) reported, "In addition to the Obama administration's handling of Russia's interference in US elections, Lynch is likely to be pressed by Republican lawmakers on her stewardship of the investigation into Hillary Clinton's private email use." The Washington Times (10/12, Boylan, 541K) reports, "Republicans have been eager to question Ms. Lynch about an infamous tarmac meeting with former President Bill Clinton in June 2016, a meeting which has triggered suspicions about the Obama Department of Justice's impartiality toward...Hillary Clinton at the height of the election."

Sandberg Says Facebook Will Turn Over More Info On Russia-Linked Ads. The New York Times (10/12, Kang, Subscription Publication, 13.56M) reports that Facebook COO Sheryl Sandberg on Thursday said "that the company had promised to provide more information, including ad-targeting data, to government officials as part of a federal investigation into Russian meddling in the 2016 election." Appearing "at an event hosted by the website Axios," Sandberg "said she had told members of the House Intelligence Committee that Facebook would cooperate with lawmakers' requests for additional information about ads bought by accounts linked to Russia that were part of an effort to influence the



presidential election." <u>NBC Nightly News</u> (10/12, story 6, 0:40, Holt, 16.61M) broadcast a clip of Sandberg saying at the Axios-hosted event, "Things happened on our platform in this election that should not have happened, especially and very troubling, foreign interference in a democratic election."

Rep. Adam Schiff, ranking Democrat on the House Intelligence Committee, said on MSNBC's Morning Joe (10/12, 902K), "We had a good meeting with Sandberg yesterday and we have agreement that we are going to publish these ads. ... We want the American people to see these ads and see just how cynical they are, how the Russians meant to turn American against American and divide us. I'd also ultimately like to see the Twitter ads published, too. The Twitter ads were focused much more on attacking Hillary Clinton. Not that we expect to persuade" Trump, who's "in complete denial about the Russian involvement in the election, but the American people need to see just what the Russians were up to."

CBC Complains To Sandberg About Black Lives Matter Ads, Facebook Board's Lack Of Diversity. Politico (10/12, Schor, Caygle, 3.6M) reported that "during a lengthy Thursday meeting with" Sandberg, members of the Congressional Black Caucus pressed the COO over her company's "lily-white board and amplification of Russian ads that capitalized on Black Lives Matter." Politico added that CBC members "have long pushed Facebook and other tech titans to add more executives of color to their ranks, only to say they feel rebuffed or ignored by Silicon Valley. In the wake of Facebook's admission that it unwittingly accepted the inflammatory Russian ads, black lawmakers tried to impress upon Sandberg the effect that her company's platform has on public sentiment about social justice campaigns like Black Lives Matter."

NPR Says Kaspersky Lab No Longer A Corporate Sponsor. The Washington Free Beacon (10/12, Harrington, 158K) reported, "National Public Radio told the Washington Free Beacon that the Moscow-based software company Kaspersky Lab, which was used by hackers to steal classified documents from the National Security Agency, is no longer one of its corporate underwriters. NPR was still airing adds from Kaspersky on Wednesday morning and was disclosing Kaspersky Lab as a corporate sponsor in news reports last week. US officials suspect the company has ties to the Kremlin." The Free Beacon added that NPR spokesperson Isabel Lara on Thursday said, "Kaspersky Labs has been a sponsor of NPR for several years, but are no longer a current sponsor." Lara "said the corporate sponsorship did not end abruptly. 'The prior funding ended earlier this month and the credit schedule ran its course,' she said."

Professor Outlines Congress' Options Should Carter Page Take The Fifth. In a Washington Post (10/12, 10.38M) op-ed, Randall D. Eliason, who teaches white-collar criminal law at George Washington University Law School, said, "Former Trump campaign adviser Carter Page reportedly has informed the Senate Intelligence Committee [investigating Russia's alleged meddling in the 2016 election] that he will not agree to turn over documents or be interviewed and will assert his Fifth Amendment right to remain silent." With that in mind, Eliason outlines the various options the committee could take, saying the panel could "subpoena him. ... If Page is subpoenaed and continues to take the Fifth, the" panel "could simply accept the privilege claim and move on"; "vote to hold Page in contempt of Congress for refusing to testify"; or "immunize Page and compel him to testify."

GILLESPIE, WHITE HOUSE IN "SERIOUS TALKS" TO HAVE PRESIDENT STUMP FOR CANDIDATE. In a report on this fall's race to succeed term-limited Virginia Gov. Terry McAuliffe (D), the Washington Post (10/12, Vozzella, 10.38M) says that conservative radio host John Fredericks, former chairman of President Trump's Virginia campaign, on Thursday said "that the White House is in 'very serious talks' with Ed Gillespie's gubernatorial campaign about having the president stump for him in the state. A Trump rally could fire up Trump supporters for Gillespie," says the Post, but such an "appearance could pose risks for Gillespie in purple Virginia," which Hillary Clinton carried by a five-point margin in 2016 – "the only Southern state won by the Democrat." Fredericks told the Post, "The days of Ed Gillespie threading the needle with President Trump are coming to an end. And he's got to get on stage with him, and motivate Trump voters to get out on November 7th in huge numbers, enthusiastically, to support this Republican ticket if he's going to win."

Gillespie: It's In Virginia's Best Interest For Governor To Have "Good Relationship" With Trump.



The <u>Hampton Roads (VA) Virginian-Pilot</u> (10/12, Bartel, 256K) reports that Gillespie, "who has been mum when asked about...Trump's controversial tweets or comments, said Thursday that Virginia's next governor can't afford to have troubled rapport with the White House. 'If you're the governor of a state where 20 percent of your GDP is direct federal dollars, you better have a good relationship with the president of the United States,' Gillespie told a breakfast audience in" Virginia Beach. And referring to his opponent, Lt. Gov. Ralph Northam (D), Gillespie said, "My job as governor of the commonwealth of Virginia will not be to be always for President Trump or be always against him – 'lead the resistance' as another candidate in this race says he is doing."

SHORT EXPLAINS TRUMP'S "**FRUSTRATION**" **WITH MEDIA.** Commenting on President Trump's tweet earlier this week, in which the President said, "With all of the Fake News coming out of NBC and the Networks, at what point is it appropriate to challenge their License?", White House Director of Legislative Affairs Marc Short said Thursday on <u>CNN's Situation Room</u> (10/12, 841K), "I think the President remains committed to the entire Constitution, including the First Amendment. But I think there is a frustration. It feels like in many cases there are alleged sources that come up with information that is pushed out and in many cases we consider fake news. So I think the President is expressing frustration a lot of Americans feel that there is an enormous bias against this Administration."

Sen. Chris Coons (D-DE) said on MSNBC's Morning Joe (10/12, 902K), "The President is popping off on Twitter in a way that is normalizing unconstitutional statements. First, just to be clear...the President can't pull a license for NBC. The Federal Communications Commission, which is an independent agency, licenses individual stations, not whole networks so there is no risk that the President is about to pull the license of networks with which he disagrees. But the idea that the President would repeatedly engage in public statements that are just obviously undermining the First Amendment is an alarming development. I agree with Senator Ben Sasse that we all have to stand up in common, those of us who are elected, those of us who are in the media, those of us who care about our constitutional values in civil society and push back on this. This is not normal behavior and it's not acceptable."

CNN ANALYSIS: ZINKE'S TRAVEL CONTINUES TO RAISE QUESTIONS ABOUT ETHICS. CNN (10/11, Marsh, Wallace, 33.59M) reports online that Interior Secretary Zinke's travel – particularly, his trips mixing official business with political activities and visits home – has continued to raise questions about whether such trips were appropriate or violated ethics rules, as evidenced by the ongoing investigation into his travel by both the Interior Department's inspector general and the Office of Special Counsel. CNN highlights Zinke's March trip to the US Virgin Islands that included official meetings and a fundraiser, his May trip to Alaska that included officials meetings and a campaign reception, and his trip to Las Vegas, where he met with a Vegas hockey team owned by a major GOP donor. CNN observes that it "remains unclear whether any laws were broken, but ethics watchdog groups say Zinke's official travel mixed with political activity are at the very least bad optics."

Zinke Has Special Flag Over Interior Headquarters. The Washington Post (10/12, Rein, 10.38M) reports on the "arcane military ritual" that Zinke has revived during his tenure – the hoisting of a special secretarial flag on the roof of the Interior Department's headquarters whenever he arrives and the flag's retrieval whenever he leaves. The Post observes that the ritual is "unique" in the Administration. In an email to the Post, press secretary Heather Wilson "defended the Navy flag-flying tradition as 'a major sign of transparency."

PERRY DEFENDS TRAVEL USING PRIVATE PLANE. USA Today (10/12, Collins, 8.62M) reports Energy Secretary Perry on Thursday defended his decision to travel using a chartered plane to Ohio on September 28, "saying non-commercial travel is sometimes necessary to do his job." Addressing members of the House energy subcommittee on Thursday, Perry said, "I travel a lot to do my job. ... I do it in a way I think is thoughtful, with the taxpayers in mind."

Reuters (10/12, Flitter, Gardner) reports Rep. Frank Pallone (D-NJ) sent a letter to the Energy Department's inspector general on Thursday requesting the IG to investigate Perry's travel using chartered planes. In the letter, Pallone "said Perry's trips on chartered planes need scrutiny in light of the 'extreme' budget cuts the department faces in a 2018 federal budget proposed by Republican President



Donald Trump." Citing a \$35,000 flight Perry took from Washington to a private airport in Kansas, Pallone wrote, "It is unclear why Secretary Perry would require such costly travel in instances where more economical options were readily available."

HOUSE DEMOCRATS SEEK TO EXPAND WHISTLEBLOWER PROTECTIONS FOR REPORTING TRAVEL EXPENSES. Politico (10/12, Cheney, 3.6M) reports House Democrats on Thursday moved to expand whistleblower protections for federal employees who report superiors for "improper use of air transportation." Following mounting questions of Administration officials' use of expensive methods of travel, lawmakers "offered the proposal as part of a debate over broader whistleblower protection." The proposal "was rejected by Republicans, as expected, but forced GOP lawmakers to vote on an issue that has drawn increasing scrutiny."

KELLY SAYS TRUMP PLANS MORE FED INTERVIEWS. <u>Bloomberg News</u> (10/12, Epstein, Jacobs, 4.52M) reports White House Chief of Staff Kelly said Thursday that President Trump plans to hold more interviews as he decides whom to appoint as next chairman of the Federal Reserve. At the White House's regular briefing on Thursday, Kelly said, "All of the people who've been in to interview have been first-round draft choices. ... We still have more to come." Kelly did not name anyone Trump is considering or provide specific timing for a decision, beyond saying it was "some time away."

Trump Interviews Taylor. The Wall Street Journal (10/12, Davidson, Nicholas, Subscription Publication, 6.45M) reports Trump interviewed Stanford economist John Taylor on Wednesday about his potential nomination as the next chairman of the Federal Reserve, according to a White House official.

ROSS SEEKS ANOTHER \$3.3 BILLION FOR 2020 CENSUS. The Los Angeles Times (10/12, Rosenblatt, 4.49M) reports that in testimony Thursday before the House Committee on Oversight and Government Reform, Commerce Secretary Ross asked lawmakers for another \$3.3 billion to complete the 2020 census, which is "now estimated to cost \$15.6 billion." According to Ross, the additional funds are needed to implement new technology ahead of practice-runs next year and to increase participation. Ross told the panel, "The census is the bedrock upon which we construct our system of democratic representation. ... With the changes I have detailed and additional resources requested, I am confident we will have a full, fair and accurate census."

NYTimes Analysis: Tax Cuts Could Increase Bank Stocks But Banks Have Other Concerns. A New York Times (10/12, Currie, Foley, Subscription Publication, 13.56M) analysis says that while tax cuts could help boost Wall Street bank stocks, "they're at best some way off," and "in the meantime, banks have other concerns," including providing returns to their shareholders, "sluggish loan growth," and rising loan defaults.

TRUMP FAILED TO SALUTE FLAG DURING MILITARY CEREMONY. The New York Post (10/12, Tacopino, 4.31M) reported that President Trump "neglected to salute the flag during a military ceremony at an Airforce hangar in Pennsylvania on [Wednesday] night." The President "openly questioned why the bugle sound of 'Retreat' was playing in the background, according to the military publication Task and Purpose. ... During the ceremony, the American flag is lowered and raised as both service members and civilians pay their respects, Task and Purpose explained." As "members of the audience stood up behind" the President "to salute the flag," Trump – who as the time was being interviewed by Fox News' Sean Hannity – "appeared to be unaware of the tradition."

NYTIMES ANALYSIS: LABOR LAW MAY FAVOR NFL PLAYERS IN ANTHEM PROTESTS. The New York Times (10/12, Scheiber, Subscription Publication, 13.56M) reports that as NFL "owners consider President Trump's call to fire players who refuse to stand for the national anthem, they have stumbled into one of the most consequential debates in today's workplace: How far can workers go in banding together to address problems related to their employment? In principle, the answer in the NFL and elsewhere may be: Quite far." The Times adds that labor law protects "any 'concerted activities' that employees engage in to support one another in the workplace, whether or not a union is involved. The National Labor Relations Board and the courts have defined such activity to include everything from airing complaints about one's boss through social media to publicly supporting political causes that have some



bearing on one's work life."

Under the headline "Police-Focused NFL Protests Overlook Rising, Disproportionate Black Homicide Rate," meanwhile, the <u>Washington Times</u> (10/12, Richardson, 541K) reports, "Lost in the uproar over the NFL sideline protests against police brutality are newly released statistics showing that the threat to black men is skyrocketing – not from trigger-happy or racist cops, but from crime. More than any other demographic group, black men are paying the price with their lives with a surging violent crime rate over the past two years, including a 20 percent jump in the overall homicide rate, even as the number of blacks killed by police declines," according to a study by "Manhattan Institute fellow Heather Mac Donald," who "found that the number of black homicide victims has jumped by nearly 900 per year since the Black Lives Matter movement took root in 2014."

IN TWEETS TO BEZOS, MCGOWAN SAYS SHE TOLD AMAZON STUDIOS SHE WAS RAPED BY WEINSTEIN. Page Six (10/12, Brown, 455K) reports that actress Rose McGowan on Thursday "appeared to publicly accuse Harvey Weinstein of raping her – tweeting that she repeatedly warned the head of Amazon Studios about what 'HW' had done and "begged" the company not to work with the producer. '@jeffbezos I told the head of your studio that HW raped me. Over & over I said it. He said it hadn't been proven. I said I was the proof,' she tweeted to Amazon boss Jeff Bezos." Page Six added that McGowan "has in the past said that she was 'raped by a Hollywood studio head' and a report last week said Weinstein had paid her a confidential \$100,000 settlement following 'an episode in a hotel room during the Sundance Film Festival.'"

In a story that led the Drudge Report Thursday night, the <u>Daily Mail</u> (10/12, Spargo, 5.15M) says that McGowan claimed "Amazon optioned a television series from her only to kill it while still in development after she voiced her concern about a possible move the company was making to bailout 'Weinstein.'" The Daily Mail quotes McGowan as tweeting to Bezos, "I had already sold a script I wrote to your studio, it was in development. When I heard a Weinstein bailout was in the works," adding, "I forcefully begged studio head to do the right thing. I was ignored. Deal was done. Amazon won a dirty Oscar."

Number Of Weinstein Accusers Continues To Rise. On the CBS Evening News (10/12, story 8, 2:20, 11.17M), Anthony Mason reported, "At least 32 women [have] accused" Weinstein "of sexual harassment or assault." CBS' Jericka Duncan also reported on McGowan's tweets "at Amazon CEO Jeff Bezos." On NBC Nightly News (10/12, story 5, 1:55, Holt, 16.61M), Anne Thompson reported, "Today it's actress Kate Beckinsale telling her Harvey Weinstein story. On Instagram, Beckinsale writes about hotel room incident with Weinstein when she was 17. 'After declining alcohol and announcing that I had school in the morning, I left uneasy but unscathed.' A few years later, Beckinsale says Weinstein 'asked if he had tried anything in that meeting. I realized he couldn't remember if he had assaulted me or not." Thompson added, "With nearly 30 women now coming forward, criminal inquiries spanning the Atlantic. London's Scotland Yard reportedly investigating [a] sexual assault claim from the '80s. Here in New York, police say they're getting tips as they take another look at Weinstein to see if there are any additional complaints."

On <u>ABC World News Tonight</u> (10/12, story 9, 2:00, Muir, 14.63M), Linsey Davis reported, "While Weinstein denies any allegations of non-consensual sex, more than two dozen women have now accused Weinstein of harassment, abuse, and rape. ... For some of these allegations that occurred decades ago, those would not be able to be prosecuted. But now, in New York and California, there's no longer a statute of limitations for forcible sexual assaults."

The New York Times (10/12, Baker, Castle, Subscription Publication, 13.56M) reports, "The police in London and New York said Thursday that they were looking into complaints involving...Weinstein, the latest turn in a scandal that has consumed Hollywood over allegations of sexual abuse and harassment. The new reports are preliminary, but the fact that the police are reviewing them points to the breadth of the legal challenges that Mr. Weinstein could face."

Conway, Hannity Criticize Hillary Clinton's Reaction. Commenting on Hillary Clinton's belated condemnation of Weinstein, presidential counselor Kellyanne Conway said on Fox News' Hannity (10/12,



2.37M), "It's clearly a continuation of the hypocrisy by Hillary Clinton and other so-called feminists like her. Let's go back to the Oscars a few weeks ago. Can you imagine for every unfunny political joke that was told, for every time [Trump's] name was invoked, had we replaced that with Weinstein or rape or sexual predator, or if somebody had actually used her power on the stage. ... What if one of them over these many, many years that this has been going on allegedly, what if one of them stood up in front of a live TV worldwide audience and said, "You know what? Instead of thanking my mother in my third grade teacher and my mother and my producers and agents, I'm going to tell you a story about what goes on here in Hollywood."

In his opening monologue on Fox News' Hannity (10/12, 2.37M), Sean Hannity reacted to Hillary Clinton's comments on the Weinstein allegations, saying, "Let's take a moment to applaud Hillary Clinton's newfound moral compass. After all, this is the same Hillary Clinton who gladly took millions and millions and millions of dollars into the Clinton Foundation from countries with the most deplorable human rights records. Tonight, we want to know – Hillary, if you are sickened and shocked and so appalled, are you going to give the money back?"

Clinton Aides Team Up On Bourdain, Who's The Boyfriend Of A Weinstein Accuser. The Washington Free Beacon (10/12, Kugle, 158K) reports, "Current and former aides to Hillary Clinton ganged up on Anthony Bourdain on Twitter after Bourdain criticized Clinton for her delayed response to the sexual harassment allegations against Harvey Weinstein." The Free Beacon said, "The Weinstein controversy is personal for Bourdain," who's "dating Italian actress and director Asia Argento, one of Weinstein's alleged victims." After Bourdain's criticism of Clinton, added the Free Beacon, her communications director, Nick Merrill, her former campaign spokesman, Brian Fallon, and Clinton adviser Adam Parkhomenko all chided Bourdain.

In Reversal, Cuomo Now Says He'll Give Away All Weinstein Donations. The AP (10/12) reports that New York Gov. Andrew Cuomo (D), who faces reelection next year, "now plans to give away all of the campaign contributions he's collected from disgraced Hollywood executive Harvey Weinstein." Cuomo "on Thursday had earlier said he gave away just \$50,000 of the over \$110,000 he's received in total from Weinstein because the rest of the money had already been spent," calling "it the 'right symbol.' But later Thursday evening, Cuomo's campaign reversed course and released a statement saying they were taking 'the extraordinary step' of giving away all of Weinstein's contributions from prior campaigns."

The New York Times (10/12, McKinley, Subscription Publication, 13.56M) reports that Cuomo's reversal came in the wake of "increasing pressure from Republicans and his own Democratic colleagues." The Times adds, "According to the Republican National Committee, Mr. Cuomo had been the last Democrat of national stature – he is a purported contender for the party's 2020 nomination, an ambition he denies – to not return or donate all of the money handed out by Mr. Weinstein."

FEINSTEIN: REPUBLICANS ABOUT TO EXPAND WHITE HOUSE POWER BY ENDING BLUE SLIP TRADITION. In a Washington Post (10/12, 10.38M) op-ed, Sen. Dianne Feinstein (D-CA) argues against congressional Republicans' threats to eliminate the so-called "blue slip" tradition, by which senators must return a "blue slip" that indicates their agreement that judicial nominees should receive a hearing in the Judiciary Committee. Calling the tradition "the last remaining tool that ensures home-state senators of both parties play a role in the process of appointing judges," Feinstein concludes that Republicans "should ask themselves if they're willing to permanently cede the Senate's 'advise and consent' responsibility to the White House."

WRAY SAYS MOTIVE FOR LAS VEGAS SHOOTING STILL UNCLEAR. The AP (10/12, Brumback) reports FBI Director Wray said Thursday that investigators have yet to determine a motive behind Las Vegas gunman Stephen Paddock's mass shooting. Addressing reporters in front of the FBI's Atlanta building, Wray added that considerable efforts are going into "unraveling this horrific act."

MGM Releases New Shooting Timeline That Differs From Police Account. <u>NBC Nightly News</u> (10/12, story 8, 0:20, Holt, 16.61M) reported a "big revision" came Thursday to the Las Vegas shooting timeline, with the company that owns the Mandalay Bay Hotel saying that Stephen Paddock "shot a hotel security



guard within one minute of when he began firing out the window at the outdoor concert." Police earlier had said the guard was shot six minutes earlier, "raising a question about just how fast the hotel reported it."

ABC World News Tonight (10/12, story 8, 1:40, Muir, 14.63M) reported that under this "new timeline," MGM is "disputing what police have said and insists there was no six-minute gap between the time that Stephen Paddock shot a security guard in the hallway and the moment he opened fire" on concert-goers. The implication of the company's Thursday statement is that by the time hotel security was notified about a gunman, "the massive attack was already underway."

The <u>CBS Evening News</u> (10/12, story 9, 1:05, Mason, 11.17M) reported that while it is still unknown as to when hotel staff called police, law enforcement officials "are expected to hold a formal press conference tomorrow to help clear up that timeline."

MCCLATCHY: DEMOCRATS SEEKING TO LINK GOP CANDIDATES TO BANNON. McClatchy (10/12, Glueck, Roarty, 67K) reports that "in federal and state races" this election cycle, "Democrats across the country have turned" ex-White House chief strategist Steve Bannon "into the avatar of everything wrong and extreme about the GOP, relishing the chance to" link him "to Republican candidates. It's a messaging tactic that has intensified in the last two weeks, as Bannon" steps "up his involvement on behalf of antiestablishment candidates in GOP primaries," offering "Democrats a new opportunity to highlight growing GOP disunity."

POLL: REPUBLICAN MOORE LEADS JONES 49%-41% IN DEC. 12 SPECIAL ELECTION. The Huntsville (AL) Times (10/12, Gattis, 734K) reports that a Cygnal poll of 497 Alabama voters, taken Oct. 2-5, shows ex-state Supreme Court Justice Roy Moore (R) leading ex-US Attorney Doug Jones (D) 49%-41% in the Dec. 12 special election for the former seat of Attorney General Sessions. The Times says the findings are "consistent with two other polls released during the general election campaign that had Moore leading by six and eight points."

The Hill (10/12, Kamisar, 1.68M) reported that though "some Democrats are calling for a full-court press" in support of Jones, "thanks to Moore's history of controversial remarks on issues like gay marriage, others are skeptical that any amount of money can turn the tide in such a reliably Republican state. Adding to Democratic wariness, the margin between Moore and Jones doesn't appear to be tightening since last month's GOP primary runoff. Cygnal's pre-primary polling also found an 8-point race." Drawing from The Hill story, Breitbart (10/12, Poor, 2.42M) also reported on the poll results.

WPost Analysis: Sale Of Headquarters Of Charity Once Led By Moore Could Net Him \$540K. The Washington Post (10/12, O'Harrow, Boburg, 10.38M) reports, "A charity once led by...Moore has put its historic building in Montgomery, Ala., up for sale, a transaction that could bring Moore \$540,000 because of an unusual compensation arrangement he made while serving as the nonprofit group's president. The 1850s-era building was put on the market in April for nearly \$1.9 million by Moore's wife, Kayla, now president of the charity, said Ed Fleming, the listing agent for the property." The Post adds, "The circumstances of the listing add to questions swirling around the charity and more than \$1 million in compensation for Roy Moore while he was working part time from 2007 to 2012."

In 2010, Moore Signed Resolution Backing States' Rights To Nullify Federal Law. On its website, CNN (10/12, Kaczynski, Massie, 33.59M) reported that Moore "signed onto a resolution in 2010 affirming the right of states to nullify, or void, federal law." CNN quoted the resolution as reading, "We pledge to limit and restrain all federal government exercise of power that exceeds in any way the plain language of those few powers listed in the Constitution and to nullify all others that exceed such limit." CNN said the resolution, which Moore signed while mounting an unsuccessful gubernatorial bid, represents his "most explicit affirmation of nullification, a theory with a long and controversial history in the" US.

IN AD, FLAKE PRIMARY FOE WARD CALLS FOR TAX REFORM. The Hill (10/12, Easley, 1.68M) reported that ex-state Sen. Kelli Ward (R-AZ), who is mounting a primary challenge to Sen. Jeff Flake (R-AZ), calls "for tax reform in a new digital ad that her campaign plans to push across social media



platforms." In the spot, Ward says, "Presidents Kennedy and Reagan both proved that tax cuts work. They create jobs and generate economic growth. That's why we need tax reform again." While the GOP hopeful "does not mention President Trump in the" spot, it "comes a day after Trump visited Pennsylvania to push for his tax reform package, while Ward looks to tie her candidacy to the president's agenda." The Hill added, "The five-figure digital ad buy is part of a series of ads focused on policy issues the campaign plans to roll out over the next three months."

SCARBOROUGH TWEETS THAT HE'S LEFT THE GOP. The Hill (10/12, Manchester, 1.68M) reported that MSNBC host Joe Scarborough on Thursday said in a tweet that he has "officially left the Republican Party, roughly three months after he said he was ditching the GOP. 'I made it official today and became independent. Here I'm holding Donald Trump's birth certificate, which proves he was born in Nambia,' Scarborough said. His tweet was referring to Trump's past claim that former President Obama was born outside the US, as well as an incident in which Trump, speaking to African leaders at the United Nations, referenced a non-existent country called 'Nambia.'" Scarborough's "tweet was apparently deleted later on Thursday evening."

CNN Contributor Says What's Left Of Trump's Base Is Nazis. Townhall (10/12, Vespa, 523K) reports CNN contributor Brian Karem said Monday that what remains of President Trump's base of supporters is white supremacists and the Nazi Party. During a panel discussion with Wolf Blitzer on the social media dispute between Trump and Sen. Bob Corker (R-TN), Karem said, "As his [Trump's] support has slipped slightly, you've seen his rhetoric go farther and farther to the extreme to embrace a base that includes David Duke and white supremacists and the Nazi Party. ... That's the group. He's not embracing them, but that's what's left in that group."

DONNELLY RAISES \$1.3M, IN Q3, HAS \$4.6M BANKED FOR REELECTION RACE. The AP (10/12) reports that Sen. Joe Donnelly (D-IN), "considered one of the most vulnerable Democrats up for reelection" next year, on Thursday "reported \$1.3 million in donations during the" third quarter of 2017, "pushing his campaign war chest total up to \$4.6 million." Meanwhile, in the GOP Senate primary, Rep. Luke Messer's (R-IN) on Thursday said "that it raised \$735,000 during the same period, with \$2.4 million on hand," while state Rep. Mike Braun (R-IN), "an independently wealthy businessman who entered the race in August, raised about \$200,000" in Q3, "while kicking in roughly \$800,000 of his own money." Rep. Todd Rokita (R-IN) has yet to release his latest fundraising numbers, "but indicated it will likely be less than the \$1 million figure it reported in July."

The <u>Fort Wayne (IN) Journal-Gazette</u> (10/12, Francisco, 173K) reported, "Three non-partisan political analysts – Cook Political Report, Inside Elections and Sabato's Crystal Ball" – rate the "Senate race a toss-up regardless of Donnelly's Republican opponent in the 2018 general election."

"Pro-Trump" Group's Poll Shows A Vote Against Tax Reform Could Hurt Donnelly. The Washington Examiner (10/12, Lawler, 465K) reported that according to a poll conducted by the "pro-Trump political action committee" America First Policies, Donnelly "would pay a political price in his home state of Indiana if he opposes the GOP tax reform effort." The poll "found that 41 percent of Indiana voters would be less likely to vote for Donnelly if he opposed the tax plan, versus 33 percent who said they would be more likely." The Examiner added that Donnelly will be seeking reelection in a state President Trump carried "by nearly 20 percentage points" in last November's election.

MCCASKILL RAISES \$2.9M IN THIRD QUARTER, HAS \$7.1M CASH IN HAND. The St. Louis Post-Dispatch (10/12, Raasch, 831K) reports that Sen. Claire McCaskill (D-MO), up for reelection in 2018, "raised about \$2.9 million" during the third quarter of this year, "a Missouri record for that stretch of a Senate campaign," ending the period "with about \$7.1 million in the bank." McClatchy (10/12, Wise, 67K) also reports on the fundraising numbers of McCaskill, "[o]ne of the most vulnerable Senate Democrats seeking re-election" next year.

GOP Hopeful Hawley Raises \$820K In A Little Over Two Months. Breitbart (10/12, Moons, 2.42M) reported that state Attorney General Josh Hawley (R-MO), who is mounting a bid to unseat McCaskill, "will report more than \$820,000 raised for the third quarter of 2017." Hawley, who announced his



challenge to McCaskill earlier this week, had been exploring a run for "just over two months."

BALDWIN RAISES \$2.4M IN Q3, HAS \$5.3M IN CAMPAIGN WAR CHEST. The AP (10/12) reports that Sen. Tammy Baldwin (D-WI), who faces reelection in 2018, "raised \$2.4 million" during the third quarter of this year, ending the period with "\$5.3 million cash on hand." The AP adds that businessman Kevin Nicholson (R) and state Sen. Leah Vukmir (R-WI), who are battling in the GOP Senate primary, "raised \$260,000 collectively over the same three months, but neither of them was in the race the entire quarter." Nicholson entered "the race in late June and raised \$400,000," while Vukmir collected "\$250,000 in three weeks."

POLITICO ANALYSIS: PROSECUTION'S CASE AGAINST MENENDEZ SEEMS TO HAVE FALLEN SHORT. Politico (10/12, Friedman, 3.6M) reported that after the prosecution on Wednesday rested its case in the federal corruption trial of Sen. Bob Menendez (D-NJ) and his longtime friend and donor, eye doctor Salomon Melgen, Judge William Walls "indicated he may dismiss most of the 18 charges against Menendez. Prosecutors were unable to produce a smoking gun demonstrating" Menendez "explicitly promised to do something for [Melgen] in exchange for a gift or campaign contribution. Still, Walls said he would not dismiss lesser charges the Democrat filed false information by not listing private jet flights and hotel stays provided by Melgen on his US Senate financial disclosure forms. The latest developments are no doubt good news for Menendez," though "not necessarily for his party: If Menendez prevails in court, Democrats would face the real possibility that the powerful senator will be hell-bent on running for reelection next year, despite having gone through an embarrassing and politically damaging trial."

GOP SEN. COLLINS TO REVEAL DECISION ON MAINE GOVERNOR'S RACE TODAY. Politico (10/12, Kim, Everett, 3.6M) reported that Sen. Susan Collins (R) "will announce at a local Chamber of Commerce event on Friday whether she will" mount a 2018 bid to succeed term-limited Maine Gov. Paul LePage (R) – "a decision that remains shrouded in secrecy and could upend the Senate political landscape. The influential moderate plans to make the announcement during a speech she's giving on health care in Rockport, Maine, according to a source familiar with the event." Collins "is not up for reelection until 2020. [LePage] would tap a replacement to serve out the rest of Collins' Senate term should she be elected governor."

NRCC SHATTERS ITS FUNDRAISING RECORD FOR "ANY PREVIOUS OFF-YEAR CYCLE." McClatchy (10/12, Glueck, 67K) reported that the National Republican Congressional Committee "has shattered its non-election year fundraising record in the first three quarters of 2017." The NRCC "has raised \$72.6 million in 2017 so far, more than it raised in a full year in any previous off-year cycle," outpacing "2015's total fundraising haul by \$10.4 million. The NRCC pulled in \$4.9 million in September and has \$38.4 million cash on hand, which is \$18.5 million more than the cash on hand total at the same time in 2015, according to the committee." The Democratic Congressional Campaign Committee "has not yet released its September fundraising numbers."

Politico: Ryan Has Raised \$39M This Year For House Republicans. Politico Playbook (10/12, Palmer, 3.62M) reported that House Speaker Paul Ryan "has raised \$39 MILLION for House Republicans so far in 2017." Politico said that Ryan raised \$6 million in the third quarter of this year. He "has sent nearly \$30 million to the NRCC this year, including \$2 million in August and \$1 million in September. The NRCC has raised \$72 million in 2017 – meaning almost half the money came from the speaker himself."

"SENIOR HOUSE REPUBLICANS" UNHAPPY WITH GRIMM'S PRIMARY CHALLENGE TO DONOVAN. Politico (10/12, Bade, Bresnahan, 3.6M) reported, "House Republicans have a message for" former Rep. Michael Grimm (R-NY), a convicted felon who is mounting a 2-18 primary challenge to Rep. Dan Donovan (R-NY): "Stay home." Politico added that "senior House Republicans" are concerned "the man who once threatened to throw a reporter off a balcony, and brandished a gun during a nightclub altercation with his lady companion's estranged husband, will be a major distraction to their legislative agenda. Grimm could also provide Democrats with ample fodder to flip the swing district." For example, "moderate" Rep. Pat Tiberi (R-OH), "who says he's friends with Grimm," told Politico, "I just think it's difficult for someone who copped a plea and went to jail for tax evasion to have credibility with colleagues. He'd be a big distraction here on the House floor and a big distraction in committee (hearings). It would



be a circus."

STUMPING FOR MURPHY, BIDEN RIPS GUADAGNO AD AS "THE RETURN OF WILLIE HORTON." The AP (10/12, Catalini) reports that former Vice President Biden on Thursday stumped in New Jersey with ex-Goldman Sachs executive Phil Murphy (D), who is battling Lt. Gov. Kim Guadagno (R) in next month's election to succeed term-limited Gov. Chris Christie (R). During an appearance with Murphy in Edison, Biden criticized a Guadagno ad "as the 'return of Willie Horton' and" farmed "the election as an opportunity to rebuke President Donald Trump. 'What's going on right now is the new ad I just saw,' Biden" said, adding, "The return of Willie Horton." Biden was "referring to an explosive 1988 anti-Michael Dukakis ad. Horton, a convicted killer, raped a woman while out of prison on a weekend furlough. The

1988 spot was designed to play on fears that Democrats were supposedly soft on crime, but the ad

featuring the black felon was widely condemned as racist."

NJ News (10/12, Johnson, 1.21M) reports that Guadagno's ad claims that Murphy "would protect undocumented immigrants who commit crimes, including 'deranged murderers,'" citing "Jose Carranza, a Peruvian immigrant in the country illegally who was convicted in 2007 in the killings of three friends in a Newark schoolyard. Carranza was previously arrested for raping a child and released on bail. The ad then references comments Murphy made last month at a town hall," where he "was asked about Carranza and at which point he believes state authorities should notify federal immigration officials about when undocumented immigrants are being held in custody. Murphy replied that 'my bias is going to be having their back' – a line Guadagno uses in the ad."

Murphy Holds Large Cash Edge Over Guadagno. Meanwhile, the AP (10/12) reports that Murphy "has raised roughly three times more cash than...Guadagno." The Election Law Enforcement Commission "said Thursday that Murphy has raised \$10.3 million so far to Guadagno's \$3 million. Murphy has spent about \$5 million so far while Guadagno has doled out \$2 million. Murphy has more than \$5 million in reserves, while Guadagno has less than \$1 million."

CALIFORNIA WILDFIRES CONTINUE, WITH DEATH TOLL REACHING 29. Media coverage of California's wildfires continued Thursday night, with networks highlighting the fires' continued deadliness and devoting 11 minutes, 30 seconds to the story, compared to 15 minutes, 35 seconds the night before. NBC Nightly News (10/12, story 4, 2:05, Holt, 16.61M) reported the death toll has reached "at least 29" and is "still climbing" as "nearly two dozen" wildfires continue to burn across the state. The mayor of Santa Rosa announced Thursday that in that town alone, more than 2,800 homes had been destroyed.

ABC World News Tonight (10/12, story 2, 2:40, Muir, 14.63M) reported the entire city of Calistoga, 5,000 people, were ordered to evacuate as strong winds propelled fire through Napa County on Thursday. California Office of Emergency Services Director Mark Ghilarducci said, "We are not out of this emergency. We're not even close to being out of this emergency." ABC World News Tonight (10/12, story 3, 0:30, Muir, 14.63M) later reported California's fire chief also "said" the crisis "could get worse before it gets better." Fire weather watches remain "for a huge chunk of California, especially Southern California, where tomorrow, conditions will be critical."

In its lead story, the <u>CBS Evening News</u> (10/12, lead story, 2:25, Mason, 11.17M) reported that with nearly 200,000 acres burned and 29 dead, the wildfires "are now the deadliest in the state's modern history."

The <u>Los Angeles Times</u> (10/12, Kohli, Sahagun, John, Agrawal, Megerian, 4.49M) reports Sonoma County Sheriff Robert Giordano told reporters at a briefing Thursday that it could take weeks or even months before all the bodies from the devastation are identified. When asked whether he expected the death toll to rise, he said, "I'd be unrealistic if I didn't."

The Washington Post (10/11, Wootson, Phillips, Achenbach, Wong, 10.38M) reports winds in Northern California "have calmed, for now, giving firefighters a badly needed break from the 'red flag' conditions that have made this menacing arc of flames so deadly and destructive."



Experts Say Urban Growth Has Fueled Wildfires. The Washington Post (10/12, A1, Greenberg, 10.38M) reports that fire experts in California say the state's trend in recent decades toward increased urbanization has provided conditions that have helped worsen wildfires. The Post highlights statements from several fire officials, including Cal Fire spokesman Jonathan Cox, who said, "Areas that would 20 years ago have nothing now are interface environments. ... Take the sheer number of square acres that are involved with intermix and wildland-urban spaces, combine that with the frequency and intensity of fires increasing – it's a recipe for disaster."

CALIFORNIA SECESSION GROUP SAYS PROCESS WOULD BE EASIER THAN CATALONIA'S FROM SPAIN. McClatchy (10/12, Irby, 67K) reports the California Freedom Coalition, a group campaigning for the state's secession from the US, have said they think California's secession would be easier than that of Catalonia from Spain. Dave Martin, the coalition's director of research and policy, said, "There are definitely similarities in the fiscal situation – we both give more than we get back. ... But there's more flexibility in the US Constitution for secession than there is in the Spanish one. California has more tools available to it."

GROUP URGES CHIEF JUSTICE ROBERTS TO REPRIMAND GORSUCH FOR SPEECH. The Washington Times (10/12, Swoyer, 541K) reports that Free Speech For People, "a non-profit progressive organization," sent an open letter to Chief Justice John Roberts on Thursday "asking him to reprimand Supreme Court Justice Neil M. Gorsuch for giving a speech at the Trump International Hotel in Washington D.C. last month, saying it violated the Code of Conduct for US Judges." The group "joined other allied organizations in protesting Justice Gorsuch's speech in September, alleging he is not maintaining integrity and independence by appearing at an educational event, which was hosted by The Fund for American Studies at the venue."

GOOGLE UNVEILS JOB TRAINING PROGRAM, PLEDGES \$1 BILLION TOWARD EDUCATION, TRAINING. The New York Times (10/12, Wakabayashi, Subscription Publication, 13.56M) reports Google unveiled a job training initiative on Thursday, called Grow With Google, which aims to help train Americans for jobs in the tech sector by creating "an online destination for job seekers to get training and professional certificates and for businesses to improve their web services." The company also "committed to donating \$1 billion over the next five years to nonprofits in education and professional training."

NYTimes Analysis: After Years Of Being Hailed As Saviors, Tech Giants Face Criticism. In an analysis, the New York Times (10/12, Streitfeld, Subscription Publication, 13.56M) observes that US tech giants, once seen as a source freedom and progress, now "are under fire for creating problems instead of solving them" – evidenced most recently by heightened criticism of Facebook, Twitter, and Google over "how their ad and publishing systems were harnessed by the Russians" during the 2016 presidential election. Beyond the election, tech companies also are the subject of growing concert for accruing "a tremendous amount of power and influence."

FILMING OF EMINEM'S ANTI-TRUMP VIDEO DETAILED. The <u>Detroit Free Press</u> (10/12, McCollum, 1.07M) has a feature on the filming of rapper Eminem's "viral video blasting President Donald Trump," which "was filmed during the middle of a workday in a busy Detroit parking deck." The "freestyle rap, broadcast four days later during the BET Hip Hop Awards, garnered round-the-clock news coverage while racking up more than 21 million online views."

SCARAMUCCI, FOX NEWS' GUILFOYLE REPORTEDLY DATING. Page Six (10/12, Smith, 455K) reports that "short-lived former White House communications director" Anthony Scaramucci, "is wooing glamorous Fox News anchor Kimberly Guilfoyle," according to "multiple sources." The two "deny they are an item." Guilfoyle was once married to Gavin Newsom, now the lieutenant governor of California.

HIAASEN OFFERS "WHITE HOUSE GUIDELINES FOR NAME-CALLING." In his Miami Herald (10/12, 701K) column, Carl Hiaasen pens a "rejected first draft of new White House guidelines for name-calling" that bans terms like "moron" and "adult day-care center." He writes, "You are permitted to use almost any offensive language the president likes to use, and you may use it about anybody except the president. His personal favorites include but aren't limited to 'pig,' 'dope,' 'slob,' 'dummy,' 'liar,' 'cheater' and



'psycho.'"

U OF MICHIGAN STUDENT DEFENDS INVITING MURRAY TO SPEAK ON CAMPUS. In an op-ed for the New York Times (10/12, Subscription Publication, 13.56M), Jesse Arm, a senior at the University of Michigan, writes that the American Enterprise Institute's Michigan Executive Council, along with the University of Michigan College Republicans, recently sponsored a discussion with the controversial social scientist Charles Murray. As Arm writes, Murray's appearance was the target of campus protesters, and "after some 45 minutes of pandemonium," the protesters "marched out of the event en masse." Arm argues that the groups invited Murray to speak "because we feel it is important to make an unequivocal statement that we believe universities should remain bastions of civil debate and tolerance." Arm concludes, "should the fact that some don't want to hear an opinion mean that no one else gets to? We think not."

WPOST: LET WHITE NATIONALISTS MARCH AMID PUBLIC REVULSION. The Washington Post (10/12, 10.38M) editorializes that "after a few dozen racists led by Richard Spencer, the white nationalist, returned to Charlottesville for 15 minutes of torch-lit marching and chanting last weekend – a short-order reprise, without the violence, of their much larger demonstration in August – Mayor Mike Signer (D) said he is 'looking at all our legal options' to prohibit future such spectacles in the city." According to the Post, "it's easy to sympathize with Mr. Signer's anger and disgust," but "barring public assemblies and speeches by fringe groups, no matter how hateful, is the wrong way to respond to them, not to mention constitutionally indefensible." The Post argues that it is "better to let them march, and wither, in the full glare and gaze of the public's revulsion."

Copyright 2017 by Bulletin Intelligence LLC Reproduction or redistribution without permission prohibited. Content is drawn from thousands of newspapers, national magazines, national and local television programs, radio broadcasts, social-media platforms and additional forms of open-source data. Sources for Bulletin Intelligence audience-size estimates include Scarborough, GfK MRI, comScore, Nielsen, and the Audit Bureau of Circulation. Data from and access to third party social media platforms, including but not limited to Facebook, Twitter, Instagram and others, is subject to the respective platform's terms of use. Services that include Factiva content are governed by Factiva's terms of use. Services including embedded Tweets are also subject to Twitter for Website's information and privacy policies. The HHS News Briefing is published five days a week by Bulletin Intelligence, which creates custom briefings for government and corporate leaders. We can be found on the Web at BulletinIntelligence.com, or called at (703) 483-6100.



 From:
 Singleton, Ladonna (HHS/IEA)

 Sent:
 15 Sep 2017 17:42:01 +0000

To:Brookins, Diane (ACF);Bryant, Jamie (PSC/FOH/EHSS);French, Meredith (HHS/OGC);Harper, Stacy (HHS/OASH);Hearod, Karen (SAMHSA);Moore, Veronica (HHS/IEA);Moos, Bob (CMS/CQISCO);Raphiel, Nicole (SAMHSA/OPPI) (CTR);Ross, Brenda (PSC/FOH/CHS);Scarborough, M Melissa (CMS/CQISCO);Singleton, Ladonna (HHS/IEA);Todd, Brian (PSC/FOH) (CTR);Walker, Joseph (HRSA)

Cc: Jackson, Princess (HRSA); Brice-Smith, Angela M. (CMS/CQISCO); Dickens, James L. (HHS/OASH); Massoudi, Mehran (HHS/OASH); Pope Jackson, LaKesha (ACF); Smith, Marisa (HHS/OCR); Devine, Percy (ACL); Lothrop, Julia (HHS/IEA); Teuscher, David (HHS/IEA)

Subject: News Release: HHS commits \$144.1 million in additional funding for opioid crisis

Hello Communications Team,

Please share as appropriate.



News Release

U.S. Department of Health and Human Services

202-690-6343 media@hhs.gov www.hhs.gov/news Twitter @HHSMedia

FOR IMMEDIATE RELEASE

Friday, September 15, 2017

UPDATED

HHS commits \$144.1 million in additional funding for opioid crisis

The U.S. Department of Health and Human Services has awarded an additional \$144.1 million in grants to prevent and treat opioid addiction in support of President Trump's commitment to combat the opioid crisis. The grants will be administered by the Substance Abuse and Mental Health Services Administration (SAMHSA).

"Those supporting prevention, treatment, and recovery efforts in our local communities are heroes in our nation's battle against the opioid crisis," said HHS Secretary Tom Price, M.D. "On our nationwide listening tour, we have heard how critical federal resources can empower their efforts to meet the challenges of substance abuse and addiction, especially with the opioid crisis. These grants will help expand treatment and recovery services to pregnant and postpartum women who are struggling with substance abuse, train our first responders to effectively use overdose reversing drugs, improve access to medication-assisted treatment, and increase long term recovery services. Together, we can heal communities and save lives."



According to SAMHSA's National Survey on Drug Use and Health, in 2016 an estimated 11.8 million people misused opioids in the past year, including prescription pain relievers and heroin. Preliminary data from the Centers for Disease Control and Prevention for 2016 suggests the number of drug overdose deaths, most of them due to opioids will likely top 60,000.

"Opioid use disorders continue to plague our nation," said Dr. Elinore McCance-Katz, Assistant Secretary for Mental Health and Substance Use. "These funds will support and expand prevention, treatment and recovery services in America's communities."

The first four of the six grant programs listed below were authorized in the Comprehensive Addiction and Recovery Act (CARA) of 2016, (P.L. 114-198). CARA authorized funding to fight the opioid epidemic through prevention, treatment, recovery, overdose reversal, and other efforts. The fifth grant program listed, Medication Assisted Treatment (MAT), received an increase in funding for opioids in the fiscal year 2017 Omnibus Appropriations bill.

SAMHSA is issuing the funding through the six grant programs listed below in the following amounts:

- First Responders Comprehensive Addiction and Recovery Act \$44.7 million. The purpose of this program is to provide training and medication for emergency treatment of opioid overdose. https://www.samhsa.gov/grants/awards/2017/SP-17-005
- State Pilot Grant for Treatment of Pregnant and Postpartum Women Comprehensive Addiction and Recovery Act \$9.8 million. The purpose of the
 program is to support family-based services for pregnant and postpartum women
 with a primary diagnosis of a substance use disorder, including opioid use
 disorders. https://www.samhsa.gov/grants/awards/2017/TI-17-016
- Building Communities of Recovery Comprehensive Addiction and Recovery Act \$4.6 million. The purpose of this program is to increase the availability of long-term recovery support for substance abuse and addiction. https://www.samhsa.gov/grants/awards/2017/TI-17-015
- Improving Access to Overdose Treatment Comprehensive Addiction and Recovery Act \$1 million. The purpose of this program is to expand access to FDA-approved drugs or devices for emergency treatment of opioid overdose. https://www.samhsa.gov/grants/awards/2017/SP-17-006
- Targeted Capacity Expansion: Medication Assisted Treatment (MAT) –
 Prescription Drug and Opioid Addiction \$35 million. The purpose of this
 program is to expand access to medication-assisted treatment for persons with an
 opioid use disorder seeking treatment.
 https://www.samhsa.gov/grants/awards/2017/TI-17-017
- Services Grant Program for Residential Treatment for Pregnant and Postpartum Women - \$49 million. The purpose of this program is to expand services for women and their children in residential substance abuse treatment facilities, among other services. https://www.samhsa.gov/grants/awards/2017/TI-17-007



The funding will be distributed to 58 recipients, including states, cities, healthcare providers and community organizations. The funds will be awarded for three to five years, subject to availability and depending on the program.

Earlier this year, HHS Secretary Price outlined five strategies to provide the Department with a comprehensive framework to combat the ongoing opioid crisis: improving access to prevention, treatment, and recovery services, including the full range of MAT; targeting the availability and distribution of overdose-reversing drugs; strengthening public health data and reporting; supporting cutting-edge research on pain and addiction; and advancing the practice of pain management.

These awards follow a separate award of \$485 million in grants in April 2017 – provided by the 21st Century Cures Act – to all 50 states, the District of Columbia, four U.S. territories, and the free associated states of Palau and Micronesia by SAMHSA for opioid abuse prevention, treatment, and recovery.

###

Connect with HHS and sign up for HHS email updates



If you would rather not receive future communications from U.S. Department of Health and Human Services (HHS), let us know by clicking here.

U.S. Department of Health and Human Services (HHS), 200 Independence Avenue, SW 6th Floor Room 647-D, Washington, DC 20201 United States



From: Massoudi, Mehran (HHS/OASH) **Sent:** 16 Oct 2017 17:38:06 +0000

To: Acker, Alisha R. (OS/OASH);Dickens, James L. (HHS/OASH);Harper, Stacy (HHS/OASH);Girgenti, Angela (HHS/OASH);SherwoodFabre, Liese A (HHS/OASH);Bogucki, Amy (HHS/OASH) (CTR);Aikens-Waits, Regina (OS/OPHS);Hearod, Karen (SAMHSA);Teuscher, David (HHS/IEA);Lothrop, Julia (HHS/IEA);Moore, Veronica (HHS/IEA);Singleton, Ladonna (HHS/IEA)

Subject: Project ECHO

Attachments: Academic Medicine - Demonopolizing Medical Knowledge - January

2014_Aror....pdf, NEJM- Outcomes of Treatment for HCV by PCPs 2011_Arora.pdf,

Hepatology_ProjectECHO_Distruptive Innovation_2010.pdf, Health Affairs - Academic Medical Centers and Rural PCCs to provide comp....pdf

Hi, FYI –

Mehran

Some interesting articles and relevant links....

- Project ECHO Spreading Access to Specialty Healthcare: http://www.youtube.com/watch?v=2lBfyOlL4 s
- Project ECHO Changing the World Fast: https://www.youtube.com/watch?v=Faz3O1clDMU
- New Harvard international case study on ECHO: https://cb.hbsp.harvard.edu/cbmp/product/GHD036-PDF-ENG
- New STAT article: https://www.statnews.com/2016/09/12/doctors-primary-care-specialists-project-echo/
- NYT article: http://opinionator.blogs.nytimes.com/2014/06/11/the-doctor-will-stream-to-you-now/
- TEDxABQ: https://www.youtube.com/watch?v=IY5nlJxac0g
- Steps for ECHO Implementation (attached)
- Forbes article: http://www.forbes.com/sites/ashoka/2014/06/24/want-to-scale-social-impact-then-give-away-your-trade-secrets/
- AMA "Steps Forward" module on ECHO: https://www.stepsforward.org/modules/project-echo
- Our website: http://echo.unm.edu/



Demonopolizing Medical Knowledge

Sanjeev Arora, MD, Karla Thornton, MD, MPH, Miriam Komaromy, MD, Summers Kalishman, PhD, Joanna Katzman, MD, and Daniel Duhigg, DO

Abstract

In the past 100 years, there has been an explosion of medical knowledge—and in the next 50 years, more medical knowledge will be available than ever before. Regrettably, current medical practice has been unable to keep pace with this explosion of medical knowledge. Specialized medical knowledge has been confined largely to academic medical centers (i.e., teaching hospitals) and to specialists in major cities; it has been

disconnected from primary care clinicians on the front lines of patient care. To bridge this disconnect, medical knowledge must be demonopolized, and a platform for collaborative practice amongst all clinicians needs to be created. A new model of health care and education delivery called Project ECHO (Extension for Community Healthcare Outcomes), developed by the first author, does just this. Using videoconferencing technology

and case-based learning, ECHO's medical specialists provide training and mentoring to primary care clinicians working in rural and urban underserved areas so that the latter can deliver the best evidence-based care to patients with complex health conditions in their own communities. The ECHO model increases access to care in rural and underserved areas, and it demonopolizes specialized medical knowledge and expertise.

odern medicine is in a maelstrom of ever-expanding knowledge. More medical knowledge has been created or discovered in the previous 100 years than in the last 5,000, and it seems safe to say that exponentially more knowledge will arise in the next 50 years.

Dr. Arora is professor of medicine and director, Project ECHO (Extension for Community Healthcare Outcomes), University of New Mexico Health Sciences Center, Albuquerque, New Mexico.

Dr. Thornton is professor of medicine and associate director, Project ECHO (Extension for Community Healthcare Outcomes), University of New Mexico Health Sciences Center, Albuquerque, New Mexico.

Dr. Komaromy is associate professor of medicine and associate director, Project ECHO (Extension for Community Healthcare Outcomes), University of New Mexico Health Sciences Center, Albuquerque, New Mexico.

Dr. Kalishman is associate professor and clinician evaluation director, Project ECHO (Extension for Community Healthcare Outcomes), University of New Mexico Health Sciences Center, Albuquerque, New Mexico.

Dr. Katzman is associate professor and medical director, Project ECHO (Extension for Community Healthcare Outcomes), University of New Mexico Health Sciences Center, Albuquerque, New Mexico.

Dr. Duhigg is assistant professor and psychiatry faculty, Project ECHO (Extension for Community Healthcare Outcomes), University of New Mexico Health Sciences Center, Albuquerque, New Mexico.

Correspondence should be addressed to Dr. Arora, Project ECHO, 1 University of New Mexico MSC07-4245, Albuquerque, NM 87131; telephone: (505) 272-2808; e-mail: SArora@salud.unm.edu.

Acad Med. 2014;89:30–32. First published online November 25, 2013 doi: 10.1097/ACM.000000000000051 Regrettably, medical practice is not keeping pace with this new medical knowledge. On average, Americans receive appropriate, evidence-based care when they need it only 55% of the time.1 Nearly 80,000 Americans die each year because they do not receive evidencebased care for chronic conditions such as high blood pressure, diabetes, and heart disease.² Despite the availability of the world's most technologically advanced health care, including some of the finest hospitals and physicians, Americans are in danger of receiving poor careregardless of their geography, rural/urban status, income, race, education, or health insurance status.3

To put it bluntly, we are not practicing what we know.

As implementation of health care reform continues, the already-taxed U.S. health care system will be expected to address ongoing problems of inadequate access, workforce shortages, poor and uneven quality, and rising costs. The United States has abundant health care resources, including health-care-designated dollars, medical knowledge, and technical expertise, but we need to better leverage these to provide more effective, efficient, and quality patient care. Failure to do so means terrible waste.

The residents of New Mexico who have hepatitis C have experienced this waste firsthand. Before 2003, an estimated 34,000 New Mexicans suffered from hepatitis C, but fewer than 1,600 received treatment. And our liver disease clinic in Albuquerque, we had the expertise to treat patients with the disease; however, despite our knowledge and expertise, the capacity to treat patients with hepatitis C was available only in Albuquerque and Santa Fe.

Across the U.S. health care system, some of our most important resources are disconnected from one another. Specialized medical knowledge—such as that used to manage hepatitis C—is largely confined to teaching hospitals (i.e., academic medical centers or AMCs) and to other tertiary care centers in major cities. It rarely reaches primary care clinicians on the front lines of patient care. In addition, these same primary care clinicians who treat patients with complex conditions frequently must do so without the team support and assistance that specialists at AMCs enjoy. As a result, many communitybased primary care clinicians lack the expertise and support needed to provide specialized treatment for their patients in their home communities—care they could provide if only they were connected to the necessary resources.

This disconnect applies not only to liver disease but also to a broad array of chronic complex conditions, ranging from HIV to mental illness. It is particularly pronounced in rural areas and among vulnerable populations who have limited access to health



care. Addressing this problem requires demonopolizing medical knowledge and creating a platform for collaborative practice among all clinicians that works across distances and supports lifelong learning and mentoring.

Such a platform can be created relatively easily, as those of us involved in a new model of medical education and care delivery called Project ECHO (Extension for Community Healthcare Outcomes) have discovered. Project ECHO links primary care clinicians practicing in local communities with specialist care teams—often at AMCs—which may include, for example, a hepatologist, a psychiatrist, and a clinical pharmacist.5 Together, the local primary care clinicians and the specialist team members can better manage patients who have chronic conditions requiring complex care. Project ECHO uses basic videoconferencing technology to conduct weekly virtual teleECHO clinics, or grand rounds. During these teleECHO clinics, primary care clinicians from multiple sites present their cases to the specialist teams and to one another, discuss new developments relating to their patients, and determine treatment.

Specialists serve as mentors and colleagues, sharing their medical knowledge and expertise with primary care clinicians while extending their professional networks and expanding their work portfolios. Primary care teams that participate in ECHO are part of a learning community through which they receive support and develop skills and expertise in a chosen area, such as hepatitis C or chronic pain. In turn, their participation in ECHO enables them to provide comprehensive, complex treatment for patients where they live. Although no patient is ever seen during these teleECHO clinics, together, university-based specialists and primary care clinicians in the field comanage patients, providing the best possible evidence-based care.

Multidisciplinary teamwork is essential to the ECHO model. A holistic, integrated team approach ensures comprehensive and effective treatment for patients with complex conditions. In particular, we have found that integrating behavioral health care with primary care leads to better outcomes for patients with certain chronic illnesses who may be prone to depression, which can interfere with treatment adherence. Several of our specialist teams—including those for hepatitis C, chronic pain, and addiction—include behavioral health care clinicians.

Project ECHO launched its first clinic (for hepatitis C) in New Mexico in 2003. Project ECHO, which has received

ECHO partner site (location)

funding from the New Mexico State Legislature, as well as grant support from the Agency for Healthcare Research and Quality, the Robert Wood Johnson Foundation, and the GE (General Electric) Foundation,⁵ is currently embedded at 21 clinics that have been designated Centers of Excellence across the state.⁴ (Centers of Excellence are sites that accept referrals for treatment

Clinical specialties of site

Table 1

National and Global Replication and Expansion of Project ECHO (Extension for Community Healthcare Outcomes)

ECHO partner site (location)	Clinical specialties of site
University of Washington (Seattle, Washington)	Hepatitis CChronic painHIV
	Addiction
University of Chicago (Chicago, Illinois)	Hypertension
	Breast cancer
	Attention deficit hyperactivity disorder
	Childhood obesity
University of Nevada (Reno, Nevada)	Diabetes and cardiovascular risk reduction
	Sports medicine
	Thyroid and diabetes care
	 Antibiotic stewardship
	Mental health
University of Utah (Salt Lake City, Utah)	Hepatitis C
Beth Israel Deaconess Medical Center (Boston,	Hepatitis C
Massachusetts)	Gerontology (ECHO AGE)
University of South Florida, ETAC (Evaluation and Technical Assistance Center) and Florida/ Caribbean, AETC (AIDS Education and Training Center) (Tampa, Florida)	General HIV care
	 Adolescent and pediatrics HIV care
	Hepatitis C–HIV coinfection care
	 Psychiatry and HIV care
	 Spanish-language general HIV care
St. Joseph Hospital (Phoenix, Arizona)	Hepatitis C
U.S. Department of Defense (worldwide)	Chronic pain
Veteran's Administration Health System (11 regions in the United States)	Chronic pain
	 Diabetes
	Heart failure
	Hepatitis C
	Women's health
	 Nephrology
Community Health Center, Inc. (Middletown, Connecticut)	• HIV
	Hepatitis C
	Chronic pain
LA Net (Los Angeles, California)	Nephrology
	Adult psychiatry
Maulana Azad Medical College (New Delhi, India)	• HIV
Institute of Liver and Biliary Sciences (New Delhi, India)	Hepatitis C
India Autism (Mumbai, Chandigargh, and Lucknow, India)	Autism
Evi Med (Montevideo, Uruguay)	Liver disease

from other clinicians in the community.) Through the ECHO network, local primary care teams, working in remote towns, prisons, and poor urban neighborhoods, have managed thousands of highly complex hepatitis C patients. The cure rate of hepatitis C care provided by ECHO-trained clinicians has equaled that of university-based specialists.6 In addition, cure rates among ECHO-trained clinicians have been significantly higher than those reported in previous studies of community-based treatment for patients with hepatitis C.6 Importantly, Project ECHO has reduced racial and ethnic disparities in treatment outcomes by bringing more services to minority communities. Finally, the community-based primary care clinicians have benefited as well; in surveys, they have reported that participating in Project ECHO has increased their knowledge, self-efficacy, and professional satisfaction.4

Another benefit of Project ECHO is its potential to provide role modeling in effective interdisciplinary care for medical students and residents. We have partnered with family practice and residency programs in several rural areas of New Mexico where specialists are in short supply. Medical, nursing, and pharmacy students have participated in teleECHO clinics, through which they have learned about the model, about a complex disease and its treatment, and, importantly, about the collaborative interdisciplinary practice that is vital to the future of care delivery.

In addition to hepatitis C, Project ECHO has expanded to mentor rural and urban health care clinicians practicing in underserved communities who provide expertise for the following: chronic pain, integrated addiction and psychiatry care, rheumatology, HIV/ AIDS, dementia, complex care, palliative care, women's health/genomics, diabetes, and cardiovascular care. ECHO also trains community health workers in the management of diabetes, addiction, and hepatitis C. To date, Project ECHO has provided more than 57,000 hours of continuing medical education to health

care clinicians in more than 300 clinical teams in 74 communities across New Mexico (internal data).

The model has expanded and taken hold in many other universities and health care systems (Table 1). In 2012, Project ECHO received a grant from the Center for Medicare and Medicaid Innovation to demonstrate cost savings and enhanced quality for the most seriously ill Medicaidinsured patients in New Mexico. Further, the U.S. Department of Veterans Affairs has launched a nationwide pilot of the ECHO model called Specialty Care Access Network, and Project ECHO is currently working with the Department of Defense to implement a global chronic pain management program called Army Pain ECHO. Additional federal agencies, university centers, and even institutions in other countries are in various stages of exploring or implementing Project ECHO. Project ECHO generates such interest because it represents a logarithmic expansion of the capacity to deliver specialized care in a rural or underserved area. By demonopolizing medical knowledge and creating collaborative practices between community-based clinicians and specialists, local primary care clinicians can become experts in a chronic condition like hepatitis C or HIV, and they can provide the best evidencebased treatments to many more patients. This "force multiplier effect," as we call it, has the potential to reengineer health care delivery.

The ECHO model offers clinicians and other health care providers at AMCs an enormous opportunity to extend their technical expertise and medical knowledge. By providing education and mentoring to teams of primary care clinicians and community health care workers in the field, the model makes high-quality treatment available to many more patients. Clinicians everywhere are empowered to do more of what they want to do—that is, to provide better care to more people.

Expanding the reach of ECHO even further will require the leadership and engagement of our nation's AMCs. By committing to an expanded mission of lifelong learning and collaborative practice, AMC leaders and health care providers can create knowledge-sharing networks that bring specialists, primary care clinicians, nurses, medical students, residents, and others together to practice regionally, nationally, and even globally.

As implementation of health care reform progresses, the U.S. health care system will be called on to deliver better and more efficient care. Leaders of AMCs should seize this opportunity and reposition their institutions to be the central nervous system of our health care system, thereby demonopolizing medical knowledge and expertise by sharing it with clinicians across the spectrum and improving our nation's health.

Funding/Support: The Robert Wood Johnson Foundation (HSC-12074), the Agency for Healthcare Research and Quality (5 UCI HS015135, 1R24 HS016510, 1 R18 HS018171), the GE (General Electric) Foundation, and Centers for Medicare and Medicaid Services have supported this project.

Other disclosures: None reported.

Ethical approval: Reported as not applicable.

References

- 1 McGlynn EA, Asch SM, Adams J, et al. The quality of health care delivered to adults in the United States. N Engl J Med. 2003;348:2635–2645.
- 2 National Committee for Quality Assurance. The State of Health Care Quality: 2004. Washington, DC: National Committee for Quality Assurance; 2004. http://www.ncqa. org/portals/0/Publications/Resource%20 Library/SOHC/SOHC_2004.pdf. Accessed October 1, 2013.
- 3 Asch SM, Kerr EA, Keesey J, et al. Who is at greatest risk for receiving poor-quality health care? N Engl J Med. 2006;354:1147–1156.
- 4 Arora S, Kalishman S, Thornton K, et al. Expanding access to hepatitis C virus treatment—Extension for Community Healthcare Outcomes (ECHO) project: Disruptive innovation in specialty care. Hepatology. 2010;52:1124–1133.
- 5 Arora S, Kalishman S, Dion D, et al. Partnering urban academic medical centers and rural primary care clinicians to provide complex chronic disease care. Health Aff (Millwood). 2011;30:1176–1184.
- 6 Arora S, Thornton K, Murata G, et al. Outcomes of treatment for hepatitis C virus infection by primary care providers. N Engl J Med. 2011;364:2199–2207.



ORIGINAL ARTICLE

Outcomes of Treatment for Hepatitis C Virus Infection by Primary Care Providers

Sanjeev Arora, M.D., Karla Thornton, M.D., Glen Murata, M.D.,
Paulina Deming, Pharm.D., Summers Kalishman, Ph.D., Denise Dion, Ph.D.,
Brooke Parish, M.D., Thomas Burke, B.S., Wesley Pak, M.B.A.,
Jeffrey Dunkelberg, M.D., Martin Kistin, M.D., John Brown, M.A.,
Steven Jenkusky, M.D., Miriam Komaromy, M.D., and Clifford Qualls, Ph.D.

ABSTRACT

BACKGROUND

The Extension for Community Healthcare Outcomes (ECHO) model was developed to improve access to care for underserved populations with complex health problems such as hepatitis C virus (HCV) infection. With the use of video-conferencing technology, the ECHO program trains primary care providers to treat complex diseases.

METHODS

We conducted a prospective cohort study comparing treatment for HCV infection at the University of New Mexico (UNM) HCV clinic with treatment by primary care clinicians at 21 ECHO sites in rural areas and prisons in New Mexico. A total of 407 patients with chronic HCV infection who had received no previous treatment for the infection were enrolled. The primary end point was a sustained virologic response.

RESULTS

A total of 57.5% of the patients treated at the UNM HCV clinic (84 of 146 patients) and 58.2% of those treated at ECHO sites (152 of 261 patients) had a sustained viral response (difference in rates between sites, 0.7 percentage points; 95% confidence interval, –9.2 to 10.7; P=0.89). Among patients with HCV genotype 1 infection, the rate of sustained viral response was 45.8% (38 of 83 patients) at the UNM HCV clinic and 49.7% (73 of 147 patients) at ECHO sites (P=0.57). Serious adverse events occurred in 13.7% of the patients at the UNM HCV clinic and in 6.9% of the patients at ECHO sites.

CONCLUSIONS

The results of this study show that the ECHO model is an effective way to treat HCV infection in underserved communities. Implementation of this model would allow other states and nations to treat a greater number of patients infected with HCV than they are currently able to treat. (Funded by the Agency for Healthcare Research and Quality and others.)

From the Department of Internal Medicine (S.A., K.T., G.M., P.D., S.K., D.D., B.P., T.B., W.P., M. Kistin., J.B., M. Komaromy) and the Clinical and Translational Science Center (C.Q.), University of New Mexico; and Presbyterian Healthcare Services, Adult and Geriatric Behavioral Health Clinic (S.J.) — both in Albuquerque; and the Department of Internal Medicine, University of Iowa, Iowa City (J.D.). Address reprint requests to Dr. Arora at Project ECHO, 1 University of New Mexico, MSC07-4245, Albuquerque, NM 87131, or at sarora@ salud.unm.edu.

This article (10.1056/NEJMoa1009370) was published on June 1, 2011, at NEJM.org.

N Engl J Med 2011.

Copyright © 2011 Massachusetts Medical Society.

HE EXTENSION FOR COMMUNITY HEALTHcare Outcomes (ECHO) model was developed by the University of New Mexico (UNM) Health Sciences Center as a platform for both delivery of services and outcomes research.1,2 The objectives of the ECHO program are to improve the access of minorities and other underserved populations to best-practice care for hepatitis C virus (HCV) infection, to determine the safety and efficacy of treatment for HCV infection based on the ECHO model in rural communities, and to compare the effectiveness of the ECHO model with that of university-based clinic treatment. The ECHO program increases the accessibility of populations outside urban areas to the specialized medical resources of academic medical centers.

An estimated 170 million patients worldwide have chronic HCV infection; 3.2 million of these patients live in the United States.^{3,4} Many patients were infected in the 1970s and 1980s, leading to a rising tide of cirrhosis and hepatocellular carcinoma.⁵ Chronic HCV infection accounts for 10,000 deaths each year in the United States and is the leading reason for liver transplantation.^{6,7}

Fortunately, treatment for HCV is available and cost-effective; it cures 45% of patients with HCV genotype 1 infection and 75% of patients with HCV genotype 2 or genotype 3 infection.⁸⁻¹¹ A sustained virologic response permanently halts the progression of liver disease, reverses fibrosis in many patients, and reduces the risk of hepatocellular carcinoma. However, the treatment is complex. Pegylated interferon (peginterferon) and ribavirin are associated with serious side effects that require aggressive management by multidisciplinary experts.⁹⁻¹¹

Despite advances in treatment and remarkable improvements in cure rates, very few persons with chronic HCV infection are receiving treatment. The total number of prescriptions for HCV antiviral medications declined by 34% between 2002 and 2007. If this trend continues, it is estimated that treatment will prevent only 14.5% of potential liverrelated deaths caused by HCV infection between 2002 and 2030. Members of racial and ethnic minorities and older patients are less likely than other patients to receive needed care. 13-16

The reasons for the inadequacy of and insufficient access to treatment for HCV infection are complex and not completely understood. Historically, few primary care clinicians have offered treatment for HCV infection in rural areas and prisons, owing to a lack of training.¹⁷ In 2004, patients from rural areas had to wait up to 6 months for an appointment at the UNM HCV clinic and had to travel up to 250 miles. A typical patient with HCV genotype 1 infection would have to make an average of 18 trips during the course of treatment. Major barriers to care also exist among prison inmates. According to data from the Department of Corrections, 40% of the 6000 inmates in the New Mexico Department of Corrections are infected with HCV. As of 2003, not a single patient in the correctional system had received treatment for HCV infection.

Lack of access to specialty care services at community-based health centers is a major problem, particularly for uninsured patients. ^{18,19} Community-based health centers are often the most culturally appropriate and accessible choices for care, particularly in rural areas, and providers at these centers can establish trust through ongoing relationships with patients. Therefore, these centers can be ideal places to provide complex care for HCV infection — if they have access to the needed expertise.

METHODS

ECHO MODEL

With the use of state-of-the-art telehealth technology, the ECHO program offers primary care providers from underserved areas training, advice, and support in delivering best-practice care for patients with complex health conditions such as chronic HCV infection. At each of the ECHO partner sites, providers participating in the program include a lead clinician (a physician, nurse practitioner, or physician's assistant) and a nurse or medical assistant, who helps manage patient care. Before joining the ECHO network, none of the community practice sites had treated patients with HCV infection.

Community providers take part in weekly HCV clinics, called "knowledge networks," by joining a video conference or calling into a teleconference line (see the Supplementary Appendix, available with the full text of this article at NEJM.org). The providers present their cases by sharing patients' medical histories, laboratory results, treatment plans, and individual challenges and ask questions about best practices. Specialists at the UNM Health

Sciences Center from the fields of hepatology, infectious diseases, psychiatry, and pharmacology provide advice and clinical mentoring during these clinics. Working together, the community providers and specialists manage the patients' care according to evidence-based protocols. These case-based discussions are supplemented with short didactic presentations by interdisciplinary experts to improve content knowledge.

This case-based approach creates a "learning loop," in which extensive knowledge is imparted, skills are taught, and self-efficacy is encouraged in several ways. Longitudinal comanagement of illnesses with specialists allows community providers to practice their expanded knowledge and skills in a manner that builds self-efficacy in handling real-world situations with their patients, while ensuring that they follow best practices as they learn. Learning from other community-based providers who have faced similar challenges and clinical situations is facilitated through shared case-management decision making.

Currently, there are 16 community sites and 5 prisons in which treatment for HCV infection is delivered with the use of the ECHO model. Since ECHO's inception in 2003, there have been more than 5000 case presentations, and 800 patients have been treated. We conducted a prospective cohort study to assess the safety and efficacy of treatment based on the ECHO model, as compared with treatment at a university HCV clinic. Our hypothesis was that when treatment for HCV infection is delivered in the community (or prison) with the use of the ECHO model, it is as effective as that provided at the academic medical center.

STUDY POPULATION

Patients could be included in the ECHO or UNM (active-control) cohort if they were between 18 and 65 years of age, had evidence of chronic HCV infection with detectable HCV RNA, had not received treatment for HCV infection before September 7, 2004, and initiated treatment between September 7, 2004, and February 29, 2008 (for patients with HCV genotype 1 or 4 infection) or between September 7, 2004, and August 15, 2008 (for patients with HCV genotype 2 or 3 infection). Since HCV genotype 1 and genotype 4 infections require a longer duration of treatment, this distinct timing allowed us to identify a definitive

outcome for all subjects within the cohort before December 31, 2009.

Patients were excluded if they had an absolute neutrophil count of less than 1500 per cubic millimeter, a platelet count of less than 75,000 per cubic millimeter, a creatinine level higher than 2.0 mg per deciliter (176.8 μ mol per liter), coinfection with human immunodeficiency virus or hepatitis B virus, a history of a solid-organ transplantation, or decompensated liver disease.

STUDY DESIGN

This study had a prospective cohort design. All patients received standard treatment for HCV infection (according to the ECHO clinical protocol), with peginterferon administered at standard doses and ribavirin administered at doses based on the patient's weight (for patients with all genotypes). Early in the study period, the duration of treatment was based on genotype alone (48 weeks for patients with genotype 1 or genotype 4 infection and 24 weeks for patients with other genotypes). Starting in September 2006, the treatment period was extended for patients who had a slow response to therapy. Growth factors were administered as clinically indicated. Clinical adverse events were monitored throughout the study. The aspartate aminotransferase:platelet ratio index (APRI) was used to estimate the extent of fibrosis and cirrhosis. The higher the APRI score, the more likely a patient is to have extensive fibrosis or cirrhosis.

The study was approved by the institutional review board at the UNM Health Sciences Center. The requirement for informed consent was waived because all patients received care according to accepted standards and the data that were collected were considered to be part of routine care.

END POINT

The primary end point was a sustained virologic response, which was defined as an undetectable HCV RNA level 24 weeks after the end of treatment. All patients who received at least one dose of interferon were included in the analysis. Subjects without follow-up data were considered to have had treatment failure.

ASSESSMENT OF SAFETY

Safety was assessed by means of laboratory testing and through information obtained at visits on weeks 1, 2, and 4 and monthly thereafter. Serious adverse events were reported and investigated. An independent data and safety monitoring committee evaluated all serious adverse events.

STATISTICAL ANALYSIS

Continuous variables are expressed as means ±SD. Differences between the groups in continuous variables were analyzed with the use of Student's t-test (with 95% confidence intervals) or the Mann-Whitney U test. P values of less than 0.05 were considered to indicate statistical significance. Since this study was not randomized, multivariate analysis was used to verify that the two treatments did not differ significantly after adjustment for demographic and baseline clinical characteristics of the patients. Stepwise logistic regression was used to identify predictors of sustained virologic response that might be confounders, including age; sex; race or ethnic group; marital status; employment status; housing status; route of transmission; height, weight, and bodymass index (BMI); HCV viral load; genotype; APRI score; levels of blood urea nitrogen, creatinine, aspartate aminotransferase, alanine aminotransferase, alkaline phosphatase, total bilirubin, total protein, albumin, and hemoglobin; white-cell, platelet, and absolute neutrophil counts; red-cell distribution width; and mean corpuscular volume.

RESULTS

PATIENTS

During the study period, 519 patients were started on treatment for HCV infection. A total of 112 patients were excluded, leaving 407 who were included in the analysis (Fig. 1). There were baseline differences between the two cohorts (Table 1). The ECHO cohort, as compared with the UNM cohort, included a significantly higher proportion of men (96% of the patients treated in the prison system were men) and a larger percentage of Hispanics, and the patients in the ECHO cohort had higher values for mean weight and BMI. In addition, the patients at the UNM HCV clinic were older than the patients in the ECHO cohort. Approximately 56% of the patients in each group had HCV genotype 1 infection.

VIROLOGIC RESPONSE

A total of 58.2% of the patients at the ECHO sites (152 of 261 patients) had a sustained virologic

response, a rate that did not differ significantly from that among patients at the UNM HCV clinic (57.5%, 84 of 146 patients). The between-group difference was 0.7 percentage points (95% confidence interval [CI], -9.2 to 10.7). The overall rate of sustained virologic response among patients with HCV genotype 1 infection was 48.3%. (See Table 2 for the rates of sustained virologic response according to genotype and site.) Stepwise multivariable logistic-regression analyses identified several clinical factors as independent predictors of sustained virologic response: genotype 1, alanine aminotransferase level, and APRI score (Table 3). After adjustment for patient characteristics, the rate of sustained virologic response did not differ significantly according to the site of treatment (UNM clinic or ECHO site) (adjusted odds ratio at ECHO site vs. UNM, 1.04; 95% CI, 0.67 to 1.60).

SAFETY

Overall, more patients in the UNM HCV clinic cohort than in the ECHO cohort had a serious adverse event (13.7% vs. 6.9%, P=0.02). In addition, more patients in the UNM HCV clinic cohort than in the ECHO cohort had a serious adverse event leading to termination of treatment (8.9% vs. 4.2%, P=0.05) (Table 4).

DISCUSSION

In this community-based study, we found that treatment for HCV infection delivered with the use of the ECHO model was associated with high rates of cure. The rates of sustained virologic response in our ECHO cohorts (58.2% overall and 49.7% among patients with HCV genotype 1 infection) were similar to those among patients in the study's comparison group, who were treated at an academic medical center, and to the rates reported in licensing trials of peginterferon and ribavirin for the treatment of HCV infection.9-11 Previous community-based treatment studies have failed to replicate the results of licensing trials. For example, in the Weight-Based Dosing of Peginterferon alfa-2b and Ribavirin trial (WIN-R; ClinicalTrials.gov number, NCT00299936),20 the rate of sustained viral response was 34% among patients with HCV genotype 1 infection. The Veterans Affairs observational cohort study conducted at 121 facilities showed a rate of sustained viral response of 20% among patients with HCV genotype 1 infection.21

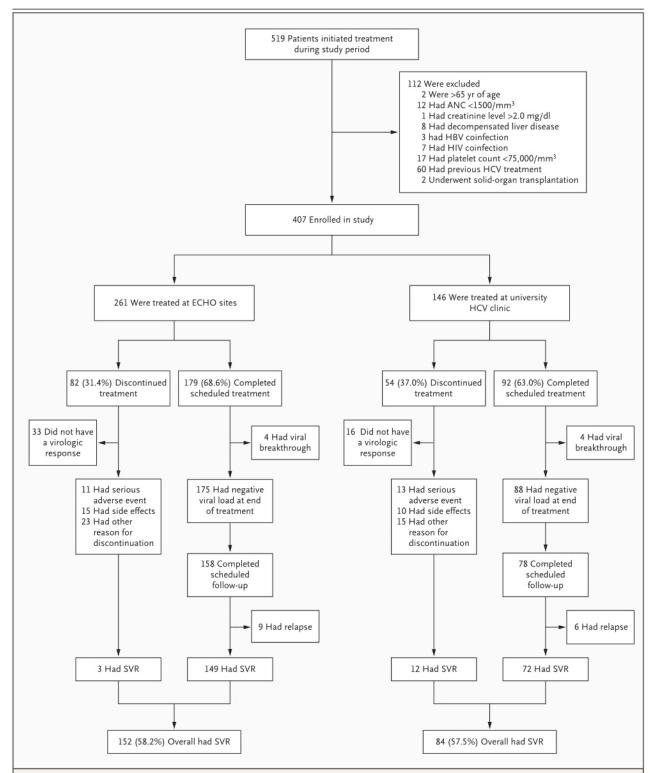


Figure 1. Treatment and Follow-up of Patients.

ANC denotes absolute neutrophil count, ECHO Extension for Community Healthcare Outcomes, HBV hepatitis B virus, HCV hepatitis C virus, HIV human immunodeficiency virus, and SVR sustained virologic response.

Characteristic	ECHO Sites (N = 261)	UNM HCV Clinic (N=146)	P Value
Age — yr	41.9±9.8	45.4±9.8	0.001
Male sex — no. (%)	190 (72.8)	66 (45.2)	< 0.001
Race or ethnic group — no. (%)†			
White	244/256 (95.3)	134/146 (91.8)	0.15
American Indian	8/256 (3.1)	3/146 (2.1)	0.53
Black	4/256 (1.6)	3/146 (2.1)	0.72
Asian or Pacific Islander	0	6/146 (4.1)	0.001
Hispanic — no./total no. (%)†‡	156/242 (64.5)	60/145 (41.4)	< 0.001
Weight — kg	85.3±15.9	80.3±17.7	0.007
Body-mass index§			
Mean	29.4±5.3	28.1±5.7	0.03
≤24.9 — no./total no. (%)	47/246 (19.1)	45/144 (31.2)	0.006
25.0–29.9 — no./total no. (%)	97/246 (39.4)	54/144 (37.5)	0.71
≥30.0 — no./total no. (%)	102/246 (41.5)	45/144 (31.2)	0.05
ALT — U/liter	103±78	97±73	0.44
APRI score¶	0.935±0.910	0.938±0.847	0.97
Log ₁₀ viral load	5.92±0.94	5.84±1.01	0.43
HCV genotype 1 — no. (%)	147 (56.3)	83 (56.8)	0.50

^{*} Plus-minus values are means ±SD. ALT denotes alanine aminotransferase, ECHO Extension for Community Healthcare Outcomes, HCV hepatitis C virus, and UNM University of New Mexico.

Our study cohort, particularly at the ECHO sites, was predominately Hispanic. We met our goal of increasing treatment for minority and other underserved patients. A recent study by the Latino Study Group (NCT00107653) showed that for patients with HCV genotype 1 infection, the rates of sustained virologic response were significantly lower among Hispanic patients than among non-Hispanic patients (34% vs. 49%).22 We did not see a difference in sustained virologic response between Hispanic and non-Hispanic patients in our study. Research suggests that disparities in treatment according to race or ethnic group may be due to geographic differences resulting in inadequate access to high-quality care, particularly specialty care.23-25 Treatment with the use of the ECHO model overcomes this barrier by bringing to the rural clinician the expertise and clinical resources that may not otherwise be available, thus positively affecting the outcomes.

Our study design has three principal limitations. First, there was no comparison group comprising patients who were treated in rural settings without the ECHO model. The barriers to treatment are so formidable and concerns for safety so great that in 2004 almost no patients with HCV infection in rural and frontier areas of New Mexico were receiving treatment. Second, we were unable to randomly assign providers to a group using the ECHO model or a control group without ECHO support because we could not ethically encourage control providers to treat HCV infection without training; in addition, we could not randomly assign patients owing to the nature of the study. Third, in a prospective cohort study, multivariate models can adjust for differences in patient

[†] Race or ethnic group was determined by the provider.

[‡] Data on Hispanic versus non-Hispanic ethnic group were missing for 20 patients.

[§] The body-mass index is the weight in kilograms divided by the square of the height in meters.

[¶]The aspartate aminotransferase (AST):platelet ratio index (APRI), which was used to estimate the extent of fibrosis and cirrhosis, is calculated according to the following formula: [(AST level ÷ upper limit of the normal range) ÷ platelet count (10° per liter)] × 100. The higher the APRI score, the more likely a patient is to have extensive fibrosis.

HCV Genotype	ECHO Sites	UNM HCV Clinic	Difference between ECHO Sites and UNM HCV Clinic	P Value
	no. of patients wit	h response/total no. (%)	percentage points (95% CI)	
All genotypes	152/261 (58.2)	84/146 (57.5)	0.7 (-9.2 to 10.7)	0.89
Genotype 1	73/147 (49.7)	38/83 (45.8)	3.9 (-9.5 to 17.0)	0.57
Genotype 2 or 3	78/112 (69.6)	42/59 (71.2)	-1.5 (-15.2 to 13.3)	0.83

^{*} The rates of sustained virologic response are not reported separately for six patients with genotype 4 or genotype 6. ECHO denotes Extension for Community Healthcare Outcomes, HCV hepatitis C virus, and UNM University of New Mexico.

Variable	Univariate	Univariate Model		ite Model†
	Odds Ratio for Virologic Response (95% CI)	P Value	Adjusted Odds Ratio for Virologic Response (95% CI)	P Value
ECHO sites vs. UNM HCV clinic	1.03 (0.68-1.55)	0.89	1.10 (0.71-1.70)	0.68
ALT, per 10-unit-per-liter increase			1.05 (1.01-1.09)	0.01
White-cell count, per 1000-cell-per- microliter decrease			0.86 (0.76–0.97)	0.02
APRI score, per 1-unit increase			0.43 (0.30-0.62)	< 0.001
Genotype 1, vs. genotype 2 or 3			0.40 (0.26-0.62)	< 0.001

^{*} ALT denotes alanine aminotransferase, and APRI aspartate aminotransferase (AST):platelet ratio index.

characteristics that are measured but do not address those that are not or cannot be measured.

Although the rate of sustained virologic response did not differ significantly according to the site of treatment (ECHO site vs. UNM HCV clinic) in the multivariate model, the confidence interval for the odds ratio was quite broad. This result is consistent with a substantial difference in the outcome of care between the ECHO sites and the UNM HCV clinic. The study was not large enough to establish equivalence.

The results of this study show that the ECHO model is an effective way to treat HCV infection in rural and underserved communities. By implementing this model, other states and nations

can potentially treat many more patients infected with HCV than are currently receiving treatment, thereby reducing the enormous burden of illness and associated mortality. There are a number of potential explanations for the success of the ECHO model. Community providers, particularly community-based health centers, provide coordinated, patient-centered care in facilities proximate to their patients. Patients are likely to have greater trust in local providers, who tend to be culturally competent with respect to their specific communities. This may enhance patients' adherence to treatment and allow for greater direct contact with the clinician, including more frequent visits. As a result, local providers may be

[†] P=0.44 by the Hosmer–Lemeshow test for goodness of fit. The best multivariate model was determined by stepwise logistic regression of sustained viral response. The comparison of the univariate model with the multivariate model shows that the similarity of the results of treatment at Extension for Community Healthcare Outcomes (ECHO) sites as compared with the University of New Mexico (UNM) hepatitis C virus (HCV) clinic with respect to sustained virologic response was not significantly modified by the "best" covariates, even though these covariates were important predictors of sustained virologic response. Other candidate variables included age; sex; race or ethnic group; marital status; employment status; housing status; route of transmission; height, weight, and body-mass index; hepatitis C viral load; levels of blood urea nitrogen, creatinine, AST, alkaline phosphatase, total bilirubin, total protein, albumin, and hemoglobin; red-cell distribution width; mean corpuscular volume; absolute neutrophil count; and platelet count.

Serious Adverse Event	ECHO Site (N = 261)	UNM HCV Clinic (N=146)	P Value
	numbe	er (percent)	
Any	18 (6.9)	20 (13.7)	0.02
Hematologic disorders	0	2 (1.4)	
Cardiovascular disorders	0	3 (2.1)	
Gastrointestinal and hepatobiliary disorders	7 (2.7)	4 (2.7)	
Infections	3 (1.1)	5 (3.4)	
Psychiatric disorders	3 (1.1)	2 (1.4)	
Other disorders	5 (1.9)	4 (2.7)	
Treatment-related	13 (5.0)	15 (10.3)	
Leading to discontinuation of treatment	11 (4.2)	13 (8.9)	0.05

^{*} ECHO denotes Extension for Community Healthcare Outcomes, HCV hepatitis C virus, and UNM University of New Mexico.

better able to comply with best-practice protocols, ensure close assessment of the results of laboratory tests, offer education tailored to the patient, and provide better and more timely management of side effects. In addition, the fact that the primary care of the patient and the management of hepatitis are provided by the same clinician ensures better coordination of care and fewer communication challenges.

As a result of the success of the model for treatment of HCV infection, the ECHO program has been expanded to 255 sites. These clinics address common and complex health issues, including substance-use disorders, cardiac risk factors, chronic pain, asthma, rheumatologic conditions, and other disorders. The project shows that technological tools and interdisciplinary collaboration can be used to leverage scarce resources for specialty care.

In conclusion, we found that HCV infection, which is a complex disease, can be managed as

effectively at a center that uses the ECHO model as at an academic medical center. ECHO represents a needed change from the conventional approaches in which specialized care and expertise are available only at academic medical centers in urban areas. The ECHO model has the potential for being replicated elsewhere in the United States and abroad, with community providers and academic specialists collaborating to respond to an increasingly diverse range of chronic health issues.

Supported by the Agency for Healthcare Research and Quality (Health Information Technology Grant UC1 HS015135 and Minority Research Infrastructure Support Program grant R24HS16510), the Robert Wood Johnson Foundation, the New Mexico Department of Health, and the New Mexico State Legislature.

Dr. Arora reports receiving grant support from ZymoGenetics, Genentech, Vertex Pharmaceuticals, Tibotec, Human Genome Sciences, and Wyeth (now part of Pfizer), speaking fees from Schering-Plough (now part of Merck) and Genentech-Roche, and payment for advisory-board membership from Vertex Pharmaceuticals. No other potential conflict of interest relevant to this article was reported.

Disclosure forms provided by the authors are available with the full text of this article at NEJM.org.

REFERENCES

- 1. Arora S, Geppert CM, Kalishman S, et al. Academic health center management of chronic diseases through knowledge networks: Project ECHO. Acad Med 2007; 82:154-60.
- 2. Arora S, Thornton K, Jenkusky SM, Parish B, Scaletti JV. Project ECHO: linking university specialists with rural and prison-based clinicians to improve care for people with chronic hepatitis C in New Mexico. Public Health Rep 2007;122: Suppl 2:74-7.
- **3.** Hepatitis C. Geneva: World Health Organization, 2002. (http://www.who.int/csr/disease/hepatitis/Hepc.pdf.)
- **4.** Hepatitis C. FAQs for health professionals. Atlanta: Centers for Disease and Prevention, 2010. (http://www.cdc.gov/hepatitis/HCV/HCVfaq.htm.)
- Altekruse SF, McGlynn KA, Reichman ME. Hepatocellular carcinoma incidence, mortality and survival trends in the United States from 1975 to 2005. J Clin Oncol 2009;27:1485-91.
- **6.** Wise M, Bialek S, Finelli L, Bell BP, Sorvillo F. Changing trends in hepatitis C-related mortality in the United States, 1995-2004. Hepatology 2008;47:1128-35.
- 7. Freeman RB Jr, Steffick DE, Guidinger MK, Farmer DG, Berg CL, Merion RM. Liver and intestine transplantation in the United States, 1997–2006. Am J Transplant 2008;8:958-76.
- 8. Tan JA, Joseph TA, Saab S. Treating hepatitis C in the prison population is cost-saving. Hepatology 2008;48:1387-95.

- 9. Manns MP, McHutchison JG, Gordon SC, et al. Peginterferon alfa-2b plus ribavirin compared with interferon alfa-2b plus ribavirin for initial treatment of chronic hepatitis C: a randomised trial. Lancet 2001; 358:958-65.
- **10.** Fried MW, Shiffman ML, Reddy KR, et al. Peginterferon alfa-2a plus ribavirin for chronic hepatitis C virus infection. N Engl J Med 2002;347:975-82.
- 11. Hadziyannis SJ, Sette H Jr, Morgan TR, et al. Peginterferon-alpha2a and ribavirin combination therapy in chronic hepatitis C: a randomized study of treatment duration and ribavirin dose. Ann Intern Med 2004:140:346-55.
- 12. Volk ML, Tocco R, Saini S, Lok ASF. Public health impact of antiviral therapy for hepatitis C in the United States. Hepatology 2009;50:1750-5. [Erratum, Hepatology 2010;51:725.]
- 13. Kanwal F, Hoang T, Spiegel BM, et al. Predictors of treatment in patients with chronic hepatitis C infection role of patient verses nonpatient factors. Hepatology 2007;46:1741-9.
- 14. Shim M, Khaykis I, Park J, Bini EJ. Susceptibility to hepatitis A in patients

- with chronic liver disease due to hepatitis C virus infection: missed opportunities for vaccination. Hepatology 2005;42:688-95.
- 15. Rousseau CM, Ioannou GN, Todd-Stenberg JA, et al. Racial differences in the evaluation and treatment of hepatitis C among veterans: a retrospective cohort study. Am J Public Health 2008;98:846-52.

 16. Butt AA, Justice AC, Skanderson M, Rigsby MO, Good CB, Kwoh CK. Rate and predictors of treatment prescription for
- 17. Spaulding AC, Weinbaum CM, Lau DT, et al. A framework for management of hepatitis C in prisons. Ann Intern Med 2006;144:762-9.

hepatitis C. Gut 2007;56:385-9.

- **18.** Cook NL, Hicks LS, O'Malley AJ, Keegan T, Guadagnoli E, Landon BE. Access to specialty care and medical services in community health centers. Health Aff (Millwood) 2007;26:1459-68.
- **19.** Adashi EY, Geiger HJ, Fine MD. Health care reform and primary care the growing importance of the community health center. N Engl J Med 2010; 362:2047-50.
- 20. Jacobson IM, Brown RS Jr, Freilich B, et al. Peginterferon alfa-2b and weight-

- based or flat-dose ribavirin in chronic hepatitis C patients: a randomized trial. Hepatology 2007;46:971-81.
- **21.** Backus LI, Boothroyd DB, Phillips BR, Mole LA. Predictors of response of US veterans to treatment for the hepatitis C virus. Hepatology 2007;46:37-47.
- 22. Rodriguez-Torres M, Jeffers LJ, Sheikh MY, et al. Peginterferon alfa-2a and ribavirin in Latino and non-Latino whites with hepatitis C. N Engl J Med 2009;360:257-67. [Erratum, N Engl J Med 2010; 363: 2474.]
- **23.** Epstein AM, Ayanian JZ, Keogh JH, et al. Racial disparities in access to renal transplantation clinically appropriate or due to underuse or overuse? N Engl J Med 2000;343:1537-44.
- **24.** Bach PB, Pham HH, Schrag D, Tate RC, Hargraves JL. Primary care physicians who treat blacks and whites. N Engl J Med 2004;351:575-84.
- **25.** Epstein AM. Health care in America still too separate, not yet equal. N Engl J Med 2004;351:603-5.

Copyright © 2011 Massachusetts Medical Society.

APPLY FOR JOBS AT THE NEJM CAREERCENTER

Physicians registered at the NEJM CareerCenter can apply for jobs electronically. A personal account created when you register allows you to apply for positions, using your own cover letter and CV, and keep track of your job-application history. Visit NEJMjobs.org for more information.

Expanding Access to Hepatitis C Virus Treatment— Extension for Community Healthcare Outcomes (ECHO) Project: Disruptive Innovation in Specialty Care

Sanjeev Arora, Summers Kalishman, Karla Thornton, Denise Dion, Glen Murata, Paulina Deming, Brooke Parish, John Brown, Miriam Komaromy, Kathleen Colleran, Arthur Bankhurst, Joanna Katzman, Michelle Harkins, Luis Curet, Ellen Cosgrove, and Wesley Pak

The Extension for Community Healthcare Outcomes (ECHO) Model was developed by the University of New Mexico Health Sciences Center as a platform to deliver complex specialty medical care to underserved populations through an innovative educational model of team-based interdisciplinary development. Using state-of-the-art telehealth technology, best practice protocols, and case-based learning, ECHO trains and supports primary care providers to develop knowledge and self-efficacy on a variety of diseases. As a result, they can deliver best practice care for complex health conditions in communities where specialty care is unavailable. ECHO was first developed for the management of hepatitis C virus (HCV), optimal management of which requires consultation with multidisciplinary experts in medical specialties, mental health, and substance abuse. Few practitioners, particularly in rural and underserved areas, have the knowledge to manage its emerging treatment options, side effects, drug toxicities, and treatment-induced depression. In addition, data were obtained from observation of ECHO weekly clinics and database of ECHO clinic participation and patient presentations by clinical provider. Evaluation of the ECHO program incorporates an annual survey integrated into the ECHO annual meeting and routine surveys of community providers about workplace learning, personal and professional experiences, systems and environmental factors associated with professional practice, self-efficacy, facilitators, and barriers to ECHO. The initial survey data show a significant improvement in provider knowledge, self-efficacy, and professional satisfaction through participation in ECHO HCV clinics. Clinicians reported a moderate to major benefit from participation. We conclude that ECHO expands access to best practice care for underserved populations, builds communities of practice to enhance professional development and satisfaction of primary care clinicians, and expands sustainable capacity for care by building local centers of excellence. (HEPATOLOGY 2010;52:1124-1133)

Abbreviations:: AHRQ, Agency for Healthcare Research and Quality; AMC, academic medical center; ECHO, Extension for Community Healthcare Outcomes; FQHC, Federally Qualified Health Center; HCV, hepatitis C virus; PCP, primary care provider; UNMHSC, University of New Mexico Health Sciences Center.

From the University of New Mexico Health Sciences Center, Project ECHO, Albuquerque, NM

Received February 2, 2010; accepted June 3, 2010.

Address reprint requests to: Sanjeev Arora, M.D., 1 University of New Mexico MSC10-5550, Albuquerque, NM 87131.

E-mail: sarora@salud.unm.edu; fax: 505-272-4628..

Copyright © 2010 by the American Association for the Study of Liver Diseases. View this article online at wileyonlinelibrary.com. DOI 10.1002/hep.23802

Potential conflict of interest: Dr. Colleran is a consultant for Pfizer and Merck. She received grants from Sanofi-Aventis, Astra Zeneca, Concept, and GlaxoSmithKline. Dr. Arora advises and received grants from Vertex. He is on the speakers' bureau of, and received grants from, Genentech. He is also on the speakers' bureau of Schering-Plough. He received grants from Tibotec, Human Genome Sciences, and Wyeth.

The Need and Significance of a Disruptive Innovation for Specialty Care Delivery

A disruptive innovation is one that has a serious impact on the status quo and changes the way people have been dealing with something, perhaps for decades.

The Extension for Community Healthcare Outcomes (ECHO) Model was developed by the University of New Mexico Health Sciences Center (UNMHSC) Department of Internal Medicine as a platform for academic medical centers to deliver complex specialty medical care to underserved populations.



Using state-of-the-art multipoint telehealth technology and clinical management tools, ECHO trains and supports primary care providers to develop knowledge and self-efficacy on a variety of diseases not usually considered within their scope of practice. As a result, they can deliver best-practice care for complex health conditions in Federally Qualified Health Centers (FQHCs), other community-based sites, and prisons where specialty care is unavailable.

Patients who are uninsured, underinsured, or living in areas with low socioeconomic status often have limited access to state-of-the-art specialty care. Persons with chronic diseases like hepatitis C may travel to larger cities and attempt to access academic medical centers (AMCs) when their conditions advance and require inpatient or tertiary care. However, there are a number of social, cultural, linguistic, and financial barriers that delay such utilization. In contrast, their primary care medical homes in FQHCs and with other local providers provide culturally appropriate and accessible care. Moreover, community-based providers can leverage their long-term relationships to improve patient adherence and may be more aware of local resources than specialists living outside the community. The ECHO Model was developed as a platform to bridge this service gap, so that patients in rural and underserved areas have the "best of both worlds": individualized care provided by community practitioners and access to AMCs.

Lack of access to quality health care in both underserved urban and rural areas in the United States contributes to poor patient outcomes, particularly for patients with chronic, complex conditions. Primary care providers (PCPs) in medically underserved areas like rural New Mexico face challenges in providing quality care for patients with chronic conditions that would otherwise be managed by specialists. When these providers elect to provide care in the patient's home community, they typically have limited access to specialists for consultation. Chronic disease management often requires ongoing consultation between the community provider and experts from multiple medical specialties to implement best practices.² PCPs in underserved areas frequently do not have this type of continuity and support with specialists.^{3,4} As a result, they may be forced to refer patients to the closest academic medical center, which may be a drive of several hours and unfamiliar to their patients.

New Mexico has a high proportion of residents who are poor (19.3% versus 13.2% nationally) and uninsured (23.2% versus 15.4% across the nation).⁵ Although more than one-third of residents live in rural or frontier areas, only 20% of the state's physicians

practice there. Because of severe shortages of specialty providers in rural areas, people with complex conditions such as hepatitis C or rheumatoid arthritis often have to wait months to get treatment. ECHO was first piloted and evaluated for the treatment of hepatitis C virus (HCV) infections, to apply the interdisciplinary expertise of specialty providers to this growing health crisis for which treatment options and best practices are constantly evolving. Prior to Project ECHO, fewer than 1600 New Mexico residents and no state prison inmates had received treatment for HCV and chronic liver disease, despite there being an estimated 34,000 persons living with HCV in the state.

Given the financial and systemic barriers to quality healthcare for rural and urban underserved patients with chronic disease, broader access to chronic disease care requires the use of new models. Project ECHO changes access to specialty care through a disruptive innovation that incorporates technology, comanaged patient care, supported and iterative practice, and chronic disease best practices to better address the challenge of providing quality care to patients with diverse chronic, complex conditions. In this article, we describe the ECHO model and its application in HCV care in New Mexico in detail and present data from initial surveys of the providers that have participated in the program. Key accomplishments of ECHO are listed in Table 1.

Description of the ECHO Model

The ECHO model was developed to improve access to complex chronic disease and specialty care in rural and frontier areas of New Mexico and in its prisons. ECHO is a disruptive innovation that allows access to the centralized wealth of subspecialist knowledge and skills found at UNMHSC, the state's only academic medical center. First piloted for the treatment of HCV in June 2003, ECHO applies the interdisciplinary expertise of specialty providers to the growing public health problems of chronic, complex diseases. Through comanagement of patients, rural PCPs learn about best practices and treatment for HCV from one to many, iterative case-based discussions that rely on telehealth technology to facilitate participation.

Few rural practitioners are prepared to deal with treatment side effects, drug toxicities, treatment-induced depression, and comorbidities that include mental health issues and substance abuse common among patients infected with HCV. Optimal management of the complex condition of HCV requires consultation with highly trained specialists from multiple



Table 1. Key Accomplishments of ECHO

- . A total of 415 HCV "knowledge network" telehealth clinics have been held.
- The ECHO HCV telehealth clinic has 21 participating agencies across New Mexico that have become HCV Centers of Excellence (a site that accepts referrals for HCV treatment from other clinicians in the community). They include FQHCs, NMDOH offices, Indian Health Service facilities, seven prison sites, and private practice physicians who serve low-income communities.
- There have been more than 5000 patient consultations for hepatitis C via the telehealth clinics, with community providers presenting patient cases to receive
 expert support and comanagement. This number includes clinical evaluations and screenings to determine and promote patient readiness, with periodic review
 of cases that are not treatment-ready to ensure appropriate linkage to other services.
- Most consultations serve patients from ethnic/racial minority groups (69% of patients from rural health centers and prisons).
- More than 8500 hours of Continuing Medical Education (CME) and Nursing Continuing Education Units (CEUs) have been issued to community-based primary
 care providers at no cost to the individual. Project staff have provided more than 500 hours of training at rural sites, including staff and provider training as well
 as Grand Round presentations.

areas including gastroenterology, infectious disease, psychiatry, and addiction medicine. Although such consultation is either cost-prohibitive or simply impossible to deliver in rural areas using traditional means, the innovative ECHO model provides this ongoing relationship in an easily accessible way.

ECHO operates regularly scheduled telehealth clinics that serve as "knowledge networks," bringing together expert interdisciplinary specialists from UNMHSC and multiple community-based PCPs in comanagement of the PCPs' patients (Fig. 1). This is not "telemedicine" where the specialist assumes the care of the patient; instead, it is a guided practice model where the PCP retains responsibility for managing the patient, operating with increasing independence as their skills and self-efficacy grow. Collaborative partners in Project ECHO include providers from a variety of clinical sites including FQHCs in rural and underserved areas of the state, prisons, and the New Mexico Department of Health.

When a new partner site joins the network, ECHO staff conducts a 2-day orientation on the HCV treatment protocol, the technology, and the case-based presentation format they will use during weekly 2-hour telemedicine clinics. During these clinics, community partners collaborate with specialists through "learning loops" that follow the familiar case-based learning strategies from their postgraduate medical education. Learning loops are case-based educational experiences in which community providers learn through three main routes:

- 1. Longitudinal comanagement of patients with specialists offers case-based learning and an opportunity to develop both content knowledge and self-efficacy. The model supports guided feedback from specialists and iterative learning with the opportunity to discuss the patient multiple times during the course of the patient's care.
- Learning from other community-based PCPs in similar settings and with similar barriers is facilitated by the network's provider interaction and

- shared case management decision-making. Network providers are community providers who participate in ECHO together; through shared learning and increased expertise in HCV management and treatment, they also rely on each other for expertise and support and are developing a community of practice.
- Content knowledge is supported through short didactic presentations keyed to specific issues that have arisen during the telehealth clinic. The presentations are given by the ECHO specialists during telehealth clinics.

Theoretical Basis of the ECHO Model

The ECHO model is based on established educational theories about learning and behavior change including (1) Bandura's social cognitive theory, 10 (2) Vygotsky's situated learning theory, 11 and (3) communities of practice. 11,12

Social Cognitive Theory. Social cognitive theory identifies influential factors that predispose individuals to believe in their ability to take actions and engage in behavior that will produce desired results. Social cognitive theory argues that three factors influence the likelihood of an individual to change his or her behavior. First, the individual must believe that the benefits of performing the new behavior will outweigh its costs. Second, the individual must have confidence in his or her ability to perform the specific behavior in a variety of circumstances, also known as self-efficacy. Third, there must be reinforcement of positive behavior changes from persons who are seen as important. 10,13

The ECHO Model of learning incorporates each of these three components, with a particular emphasis on enhancing provider self-efficacy. Community providers learn the cost and benefits of delivering best practice care in contrast to their prior practices by seeing the impact on their patients. This is reinforced through





Fig. 1. Figure 1 shows the interdisciplinary specialists from ECHO interacting with local PCPs during an HCV clinic.

clinics in which providers collaborate on patient management with interdisciplinary specialists, who are seen as trusted experts. Most importantly, community providers develop self-efficacy as they assume increasing role in delivering best practice care, with the expert specialists gradually shifting to a smaller consultative role to ensure patient safety and support provider confidence on an ongoing basis.

Situated Learning Theory. ECHO's training components such as learning loops and comanagement of patients during telehealth clinics are also based on situated learning theory, which notes that learning requires social interaction and collaboration. Situated learning theory evolved from the work of Vygotsky¹¹ who defined teaching and instruction as a process of assisting learners in knowledge construction and organization for optimal assimilation and access. Therefore, teaching requires providing learners with the opportunity to (1) extend their current skills and knowledge, (2) model the idealized version of the task, (3) engage learners' interest, (4) simplify tasks so they are manageable, and (5) motivate learners to pursue the task.

Community of Practice Theory. Lave Wenger¹² extend Vygotsky's work in their community of practice theory. In ECHO's one-to-many "knowledge network", the learning process evolves more profoundly and continuous participation in a community of learners who are "in practice" building technical

knowledge and skill associated with the care of patients with complex diseases.

Situated learning and community of practice are supported by collaborative learning, coaching, and mentoring with those more expert than oneself but also with one's peers. Each of these approaches is accomplished in ECHO through iterative practice, feedback, modeling, successive approximation, and mentoring and consultation with interdisciplinary experts and peers. Recent reports on best practices in physician professional development from the Institute of Medicine, Carnegie Foundation, and Macy Foundation support educational approaches in ECHO. 14-16

Expansion of ECHO and Sources of Funding

Project ECHO has expanded beyond hepatitis C and now covers 12 additional disease areas: (1) asthma and pulmonary disease, (2) child, adolescent, and family psychiatry, (3) chronic pain and headache, (4) diabetes/cardiovascular risk reduction, (5) high-risk pregnancy, (6) HIV/AIDS, (7) integrated addictions and psychiatry, (8) medical ethics, (9) occupational medicine, (10) pediatric obesity, (11) psychotherapy, and (12) rheumatology. There are 255 partner teams participating in ECHO clinics for these diverse areas, because some health providers are involved in multiple ECHO disease areas (Fig. 2). More than 10,000



Fig. 2. Figure 2 illustrates the 255 partner teams in the rural areas and prisons in New Mexico that work with ECHO clinics.

patient consultations have occurred to date across these 13 telehealth clinics.

Project ECHO was awarded a 3-year grant totaling \$1.45 million from the Agency for Healthcare Research and Quality (AHRQ) in 2004 for the HCV pilot. An additional AHRQ grant for \$1.5 million under the Minority Research Infrastructure Support Program (MRISP) was awarded in 2007, supporting



Table 2. Annual Survey of Clinicians Participating in ECHO HCV Clinic, 2006

N=17 Rating Scale: from 1 to 5 with 1=Not at All to 5= To a Large Degree	Mean Score (Range 1-5)
ECHO has diminished my professional isolation.	4.3
My participation in ECHO has enhanced my professional satisfaction.	4.8
Collaboration among agencies in ECHO is a benefit to my clinic.	4.9
ECHO has expanded access to HCV treatment for patients in our community.	4.9
In general, access to specialist expertise and consultation is a major area of need for me and my clinic.	4.9
Access to HCV specialist expertise and consultation is a major area of need for me and my clinic.	4.9

pilot research for four additional health conditions. ECHO received an award of \$5 million from the Robert Wood Johnson Foundation in 2008 to replicate this model in six other disease areas and at a second Academic Health Center at the University of Washington. In 2009, ECHO received \$1.2 million AHRQ grant to enhance its web-based disease management tool. ECHO also receives more than \$1 million per year from the New Mexico Legislature, based on its ability to make best practice care for hepatitis C available statewide.

Participant Survey

Project ECHO employs several methods for evaluation of its programs, including (1) Observation of

ECHO weekly clinics; (2) Monitoring of database of ECHO clinic participation and patient presentations by clinical provider; (3) Annual survey integrated into the ECHO annual meeting; and (4) Routine surveys of community providers about workplace learning, personal and professional experiences, systems and environmental factors associated with professional practice, self-efficacy, facilitators, and barriers to ECHO.

Data included in this article reported in Tables 2-7 are based on two different types of surveys. A survey from the ECHO Annual Meeting generates one type of data reported. The data were collected primarily at the conclusion of the meeting and are reported in Tables 2-4. Respondents who attended the Annual Meeting either completed the survey at the end of the meeting or were asked to return it in a preaddressed, stamped envelope. The ECHO community providers who did not attend the Annual Meeting were sent the survey by mail the following week. Participants who did not respond were sent a reminder 2 weeks after the first mailing and encouraged to complete the survey.

A second type of survey was sent to HCV providers after they had participated in ECHO HCV telehealth clinics for 6 months and included items that asked respondents to rate their learning associated with their participation in ECHO, benefits, barriers, and technology associated with ECHO. Again, participants who did not respond were sent a reminder 2 weeks after the first mailing and encouraged to complete the survey. Data reported from the "Six Months Participation

Table 3. Community Clinician Assessment of Self-Efficacy* in HCV Patient Care (ECHO Annual Survey, 2006 and 2007)

N=25	Prior to Participation, Mean (SD)	After 1 Year of Participation, Mean (SD)	Paired Difference, Mean (SD)	P Value	Effect Size for the Change †
Ability to identify patients who should be screened for HCV	4.2 (1.3)	6.4 (0.6)	2.2 (1.2)	< 0.0001	1.8
Ability to identify suitable candidates for treatment for HCV	2.8 (1.2)	5.6 (0.8)	2.8 (1.2)	< 0.0001	2.4
Ability to assess severity of liver disease in patients with HCV	3.2 (1.2)	5.5 (0.9)	2.3 (1.1)	< 0.0001	2.1
Ability to treat patients with HCV and manage side effects	2.0 (1.1)	5.2 (0.8)	3.2 (1.2)	< 0.0001	2.6
Ability to educate clinic staff about patients with HCV	2.8 (1.1)	5.8 (0.9)	3.1 (1.3)	< 0.0001	2.5
Ability to educate and motivate patients with HCV	3.0 (1.1)	5.7 (0.6)	2.7 (1.1)	< 0.0001	2.4
Ability to assess and manage psychiatric comorbidities in patients with HCV	2.6 (1.2)	5.1 (1.0)	2.4 (1.3)	< 0.0001	1.9
Ability to assess and manage substance abuse co-morbidities in patients with HCV	2.6 (1.1)	4.7 (1.1)	2.1 (1.1)	< 0.0001	1.9
Ability to serve as a consultant within my clinic and in locality for HCV questions/issues	2.4 (1.2)	5.6 (0.9)	3.3 (1.2)	< 0.0001	2.8
Overall Competence (average of nine items above)	2.8‡ (0.9)	5.5‡ (0.6)	2.7 (0.9)	< 0.0001	2.9

^{*}Provider Self-Efficacy: Twenty-five clinicians participating in the ECHO HCV clinics rated their knowledge, skills, or competence in HCV prior to and after approximately 1 year of participation. Providers rated themselves, both retrospectively and currently, on a seven-point scale (1 = "none or no skill at all", 2 = "vague knowledge, skills or competence", 3 = "slight knowledge, skills or competence", 4 = "average among my peers", 5 = "competent", 6 = "very competent", 7 = "expert, teach others".)

[‡]Cronbach's alpha for the nine BEFORE ratings = 0.92 and Cronbach's alpha for the nine TODAY ratings = 0.86 indicating a high degree of consistency in the ratings on the nine items.



[†]Effect size is the standard mean difference between paired post-participation and pre-participation ratings. It is calculated by using the average paired difference between post-participation and pre-participation ratings as the numerator and the standard deviation (SD) of the paired differences as the denominator. A classification of effect size offered by Cohen is: 0.2 = small, 0.5 = medium and $0.8 = \text{large.}^{17}$

Table 4. Annual Survey of Clinicians Participating in the ECHO HCV Clinic (2008)

N=23
Rating Scale Anchors: 1=Not at All; 5=To a Large Degree

Transfer of Knowledge from ECHO Clinic to Clinical Care	Mean (Standard Deviation)
I am able to apply knowledge learned in ECHO clinics to patients with similar diseases in my clinic. I am able to share knowledge with clinical staff about specific diseases discussed in the ECHO clinics I attend.	4.7 (0.5)
Local Clinical Environment	4.4 (0.7)
	42 (0.0)
Clinicians and staff at my clinic are supportive of my involvement in ECHO.	4.3 (0.8)
Patients and their families support our involvement with ECHO	3.9 (0.9)
Participating and learning about a complex chronic disease through ECHO is an effective way for our clinic to enhance its expertise.	4.7 (0.6)
Local health care professionals consult with us as local experts in specific diseases because of our ECHO participation.	3.6 (1.1)
Patient Safety/Quality of Care	
I am confident as a provider that ECHO addresses patient safety issues promptly and effectively for each of the ECHO clinics in which I participate.	4.8 (0.5)
I am confident about my knowledge and skills to address patient safety issues associated with the patients I present in ECHO clinics.	4.0 (0.8)
ECHO specialists help me identify potential patient safety/quality of care issues.	4.7 (0.5)
Teaching Best Practices	(,
I am confident/comfortable presenting patient cases during ECHO clinics.	3.6 (1.4)
I listen and learn from providers who present their patient cases during ECHO clinics.	3.8 (1.2)
Didactic sessions during ECHO clinics are an effective way for me to learn screening, treatment, and management of patients.	4.2 (1.0)
Site visits by ECHO staff are an effective way for clinical staff to learn ECHO disease specific screening, management and treatment protocols.	4.2 (1.0)
Multiple site visits at my clinic by ECHO staff would be more effective way to learn ECHO protocol and procedures.	3.4 (1.0)

Survey" are in Tables 5 to 7. Approval for the study was obtained from the institutional ethics board, including informed consent from each participant.

Response rates to these surveys vary and are as follows: Table 2, 94%; Table 3, 89%; Table 4, 76%; Table 5, 64%; Table 6, 71%; and Table 7, 61%. Table 2 reports data from a 2006 survey of ECHO providers who comanage patients infected with HCV. The responses were uniformly positive in their assessment of the ECHO model, including benefit to the practice and patients, expanded access to specialists, and the provider's professional enhancement. In Table 3, ECHO providers report increased competence in each of the nine abilities, rating themselves as having little knowledge or skill in HCV at the time they joined ECHO HCV clinics to being competent or very com-

petent after participation in ECHO for approximately 12 months or longer. The effect size for each item is large and is the overall effect size for the mean comparison of the nine items. ¹⁷ Providers also responded positively to the expectations in the ECHO model that they be able to serve as local consultants about HCV questions and issues to other providers. Individual responses on the survey demonstrate their increased self-efficacy.

Table 4 reports the responses of HCV community providers to a 2008 ECHO Annual Meeting survey. Survey items clustered into topics such as transfer of knowledge from the ECHO telemedicine clinic to their clinical activities, support in their clinical environment for their involvement in ECHO, patient safety and quality of care supported by ECHO, and

Table 5. Assessment by Clinical Providers of Degree of Learning in HCV Clinical Content Areas After 6 Months Participation in ECHO HCV Comanaged Clinics

Degree of Learning (N=38) Rating Scale: 1=No Learning; 2=Limited Degree; 3=Moderate Degree; 4=High Degree	1	2	3	4
Screening patients for HCV	5%	8%	32%	55%
Identification of patients eligible for HCV treatment	0%	3%	26%	71%
Interpretation of laboratory values associated with HCV	0%	3%	39%	58%
HCV treatment protocol by genotype	3%	8%	26%	63%
Pharmacological management	0%	11%	34%	55%
Management of side effects associated with treatment for HCV	0%	24%	21%	55%
Management of patients with HCV who are not eligible for treatment	3%	16%	47%	34%
Management of patients without HCV with other gastroenterological problems/syndromes. NA=4	12%	32%	44%	12%
Screening patients with HCV for behavioral health/substance abuse issues. NA=1	3%	16%	32%	49%
Treatment of behavioral health/substance abuse issues in patients with HCV. NA=1	0%	16%	46%	38%
Communication with patient and families about HCV	3%	11%	42%	45%



Table 6. Assessment by Clinical Providers of Benefits Associated with ECHO Participation After 6 Months Participation in **HCV Comanaged Clinics**

Benefits (N=52) Rating Scale: 1=Not a Benefit; 2=Minor Benefit; 3=Moderate Benefit; 4=Major Benefit	1	2	3	4
Enhanced knowledge about management and treatment of patients with HCV		2%	8%	90%
Being well-informed about symptoms of patients with HCV in treatment		4%	15%	81%
Achieving competence in caring for patients with HCV		2%	8%	90%
Self-efficacy: Belief in my ability to manage and treat patients with HCV		6%	13%	81%
Access to expertise in behavioral/mental health resources (in caring for patients with HCV). NA=1		6%	14%	80%
Access to expertise in pharmacology (in caring for patients with HCV)		6%	23%	71%
Enhanced skills in communication with HCV patients and their families. NA=1	2%	16%	35%	47%
Collegial discussions with peers about patients with HCV		8%	11%	81%

their preferred teaching practices associated with the ECHO model. Providers endorsed a large degree of transfers of knowledge from ECHO clinics to benefit the care of other patients with similar diseases (not presented in ECHO) and to clinical staff at rural sites. Clinicians also expressed confidence in the support they received from ECHO specialists and their own ability to identify and address patient safety issues.

HCV clinicians from partner sites completed a survey after 6 months of participation in ECHO HCV clinics. Tables 5, 6, and 7 report providers' assessment of their knowledge and skills in patient screening, management, and treatment (Table 5); benefits associated with regular participation in ECHO HCV clinics (Table 6); and sources of learning in these clinics (Table 7). Items in each table are rated on a four-point scale. As shown after 6 months of participation in ECHO HCV comanaged clinics, providers reported a moderate to high degree of learning in how to: screen patients for HCV, treat behavioral health and substance abuse issues, identify patients eligible for treatment, interpret laboratory values, initiate pharmacological treatment, and manage side effects. Most providers felt that case-based learning was a reliable/essential source of learning and that it enhanced their knowledge about HCV and was a major benefit to them. The anchors used for each rating are described in each table.

Overall, these survey data lend strong support to the ECHO model of care for patients infected with HCV. The data also point out areas that may be improved in

the future. There are some limitations in the surveys, including the potential of self-selection bias of respondents; only those who participate in ECHO are surveyed, and they may differ in their response from the general population of PCPs who serve the underserved population, our target audience. Although the response rate to the survey was high, these are inherent limitations in self-reported survey data. Finally, the number of ECHO HCV providers (which reflects the population in HCV ECHO) is small.

Implications and Potential for Replication

Project ECHO has the potential to be a significant disruptive innovation in three major areas: (1) access to specialty health care, (2) expanded delivery of evidence-based best practice care, and (3) a new paradigm for team-based interdisciplinary professional development. It contributes to these three areas by using its model of case-based, iterative learning in an environment employing technology to support interdisciplinary community providers in provision of quality care for patients with chronic, complex diseases.

ECHO provides attention to other needs of community providers as well. Providers develop confidence in their ability to provide safe and effective care, they value being part of a community of practitioners dedicated to improved care for complex patients, and they appreciate being valued by their peers. The providers receive professional satisfaction and acknowledgment through their close collaboration with respected experts

Table 7. Assessment by Clinical Providers of Sources of Learning in ECHO HCV Clinics After 6 Months Participation in HCV **Comanaged Clinics**

1	2	3	4
0%	14%	42%	44%
6%	18%	35%	41%
0%	11%	26%	63%
	0% 6% 0%	6% 18%	6% 18% 35%



at an AMC. Ongoing learning and development contributes to a feeling of professional satisfaction that can promote retention in rural and underserved communities that otherwise offer limited opportunities for professional engagement.

The project also demonstrates that technology and interdisciplinary collaboration can be used to leverage scarce health care resources. Many telemedicine projects link specialists with remotely located patients. ECHO inverts that process and uses technology to build knowledge and skills among remotely located providers who in turn care for patients with chronic disease within their home communities.

Communication between PCPs and AMC specialists is often suboptimal. PCPs may not receive feedback about patients they have referred, and specialists may not know the history of patients when they begin care. ECHO can streamline and enhance such care coordination, with PCPs and specialty care providers working together to care for patients using the ECHO model.

Hepatitis C was an ideal condition for which to pilot the ECHO model because it is a complex disease that requires experts from multiple specialties, mental health experts, and substance abuse professionals to achieve optimum management. Few PCPs, particularly in rural and underserved areas, have the broad knowledge to manage emerging drugs and treatment options, treatment side effects, drug toxicities, treatment-induced depression, and substance abuse issues are common among patients with hepatitis C.

As a result of the success of the ECHO model for hepatitis C, there has been significant demand to treat other complex and chronic diseases. ECHO has now expanded to provide telehealth clinics for 13 distinct disease "arms" for challenging and common health issues as broadly divergent as substance use disorders, mental health disorders, cardiac risk reduction (including diabetes, hypertension, hyperlipidemia, obesity, smoking cessation, nutrition, and exercise physiology), prevention of teenage suicide, rheumatology, and childhood obesity.

Although ECHO was developed and piloted in New Mexico where the primary barriers to care are socioeconomic and geographic, it is now being replicated in urban areas and outside of the United States. These efforts will help determine the broader applicability of the model. In addition to the hepatitis C program in New Mexico, a similar HCV program is being replicated for rural residents of Washington State in cooperation with the University of Washington with funding from the Robert Wood Johnson Foundation. India is launching an ECHO effort to respond to dis-

proportionately high rates of HIV/AIDS. These efforts will be studied to investigate whether ECHO is as effective in poor, urban areas or international communities where there are shortages of health care providers.

To expand this model of care delivery, AMCs will need financial incentives. Today, academic health centers focus on research, training, and tertiary care. Federal and state governments could provide funds to promote an additional mission for AMCs to help and build capacity among PCPs to treat complex, chronic conditions. This incentive would allow models such as ECHO to expand access to best practice care for underserved populations, build communities of practice to enhance professional development and satisfaction of primary care clinicians, and expand sustainable capacity for care by building local centers of excellence.

In summary, ECHO enhances chronic disease management in a number of ways, not just through its innovative use of new technology. In New Mexico and other underserved areas, there are multiple, common, chronic, and complex diseases for which there are too few specialists. Examples include rheumatoid arthritis, hepatitis C, and chronic pain. Collaboration among specialty care providers and PCPs is an inexpensive way to increase the capacity to provide complex, chronic care even in communities not considered geographically remote. ECHO links these collaborative teams with existing community clinicians and gives them the expertise and confidence to be able to treat these diseases.

In addition to patient care, the technology used in ECHO has demonstrated its utility in educating clinicians through comanaged care of rural and underserved patients throughout the state. The geographic isolation of many communities in New Mexico precludes ongoing on-site professional education or consultation. Although there are a variety of educational programs and media available at this time, most online venues do not involve face-to-face interactions with colleagues and do not address their professional isolation. In contrast to typical "telemedicine" services where specialists directly see patients using similar technology, ECHO uses technology to link these specialists with community-based clinicians. Therefore, it empowers and educates these providers through iterative, comanaged case-based care to become equivalent to academic specialists in the quality of patient care they provide, a disruptive and innovative healthcare outcome. ECHO focuses on the needs of community providers and underserved patients in supporting best



practice care for complex patients, while meeting the larger societal needs within the state to better address expensive chronic diseases that are growing at unsustainable rates.

Conclusion

In this article, we demonstrate that using the ECHO model, HCV care delivered by PCPs in rural areas and prisons can be as safe and effective as that provided by specialists at an AMC. Community providers become progressively more independent over time while remaining well-informed about best evidence, protocol changes, and the latest research findings through the clinics and their didactic sessions. Because community providers and academic specialists can adapt the model to an increasingly broad and diverse range of chronic health issues, ECHO has significant potential for replication and expansion.

Project ECHO is supported by the (1) AHRQ HIT grant 1 UC1 HS015135; (2) AHRQ MRISP grant, R24 HS16510; (3) New Mexico Legislature; and (4) Robert Wood Johnson Foundation.

References

- Crook ED, Peters M. Health disparities in chronic diseases: where the money is. Am J Med Sci 2008;355:266-270.
- Whitcomb ME. The challenge of providing doctors for rural America. Acad Med 2005;80:715-716.
- Smedley BD, Stith AY, Nelson AR, eds. Unequal treatment: confronting racial and ethnic disparities in health care. Washington, DC: Institute of Medicine, The National Academies Press; 2002.

- Strong K, Mathers C, Leeder S, Beaglehole R. Preventing chronic disease: how many lives can we save? Lancet 2005;366:1578-1582.
- USDA Economic Research Services. State Facts: New Mexico. 2009. http://www.ers.usda.gov/statefacts/nm.htm
- Ghany MG, Strader DB, Thomas DL, Seeff LB; American Association for the Study of Liver Diseases. Diagnosis, management, and treatment of hepatitis C: an update. Hepatology 2009;49:1335-1374.
- Arora S, Thornton K, Jenkusky SM, Parish B, Scaletti JV. Project ECHO: linking university specialists with rural and prison-based clinicians to improve care for people with chronic hepatitis C in New Mexico. Public Health Rep 2007;122(Suppl. 2):74-77.
- Arora S, Geppert CM, Kalishman S, Dion D, Pullara F, Bjeletich B, et al. Academic health center management of chronic diseases through knowledge networks: Project ECHO. Acad Med 2007;82:154-160.
- Arora S, Murata GH, Thornton K, Parish B, Jenkusky SM, Dunkelberg JC, et al. Project ECHO (Extension for Community Healthcare Outcomes): knowledge networks expand access to hepatitis C (HCV) treatment with pegylated interferon and ribavirin in rural areas and prisons. care is as safe and effective as a university HCV Clinic. Gastroenterology 2008;134(Suppl. 1):A50-A51.
- Bandura A. Self Efficacy: The Exercise of Control. New York: W.H. Freeman and Co.; 1997.
- Vygotsky L. Mind in Society: The Development of Higher Psychological Processes. Cambridge, MA: Harvard University Press; 1978.
- 12. Lave J, Wenger E. Situated Learning: Legitimate Peripheral Participation. New York: Cambridge University Press; 1991.
- Bandura A. Social Foundations of Thought and Action: A Social Cognitive Theory. Englewood Cliffs, NJ: Prentice-Hall; 1986.
- Cooke M, Irby D, O'Brien B. Educating Physicians: A Call for Reform. The Carnegie Foundation for the Advancement of Teaching. Presentation at the American Association of Medical Colleges, Boston, MA. November 2009.
- 15. Hager M, Russell S, Fletcher SW, eds. Continuing Education in the Health Professions: Improving Healthcare Through Lifelong Learning, Proceedings of a Conference Sponsored by the Josiah Macy, Jr. Foundation; Bermuda; November 28 to December 1, 2007. New York: Josiah Macy, Jr. Foundation; 2008. www.josiahmacyfoundation.org
- Institute of Medicine. Redesigning Continuing Education in the Health Professions. Washington, DC: National Academy Press; 2009.
- Cohen J. Statistical Power Analysis for the Behavioral Sciences. 2nd ed. Hillsdale, NJ: Lawrence Erlbaum Associates; 1988.



Health Affairs

At the Intersection of Health, Health Care and Policy

Cite this article as:

Sanjeev Arora, Summers Kalishman, Denise Dion, Dara Som, Karla Thornton, Arthur Bankhurst, Jeanne Boyle, Michelle Harkins, Kathleen Moseley, Glen Murata, Miriam Komaramy, Joanna Katzman, Kathleen Colleran, Paulina Deming and Sean Yutzy Partnering Urban Academic Medical Centers And Rural Primary Care Clinicians To Provide Complex Chronic Disease Care

Health Affairs, , no. (2011):

doi: 10.1377/hlthaff.2011.0278

The online version of this article, along with updated information and services, is available at:

http://content.healthaffairs.org/content/early/2011/05/17/hlthaff.2011.0278.full.html

For Reprints, Links & Permissions:

http://healthaffairs.org/1340 reprints.php

E-mail Alerts: http://content.healthaffairs.org/subscriptions/etoc.dtl

To Subscribe: http://content.healthaffairs.org/subscriptions/online.shtml

Health Affairs is published monthly by Project HOPE at 7500 Old Georgetown Road, Suite 600, Bethesda, MD 20814-6133. Copyright © 2011 by Project HOPE - The People-to-People Health Foundation. As provided by United States copyright law (Title 17, U.S. Code), no part of Health Affairs may be reproduced, displayed, or transmitted in any form or by any means, electronic or mechanical, including photocopying or by information storage or retrieval systems, without prior written permission from the Publisher. All rights reserved.

Advance online articles have been peer reviewed and accepted for publication but have not yet appeared in the paper journal (edited, typeset versions may be posted when available prior to final publication). Advance online articles are citable and establish publication priority; they are indexed by PubMed from initial publication. Citations to Advance online articles must include the digital object identifier (DOIs) and date of initial publication.



By Sanjeev Arora, Summers Kalishman, Denise Dion, Dara Som, Karla Thornton, Arthur Bankhurst, Jeanne Boyle, Michelle Harkins, Kathleen Moseley, Glen Murata, Miriam Komaramy, Joanna Katzman, Kathleen Colleran, Paulina Deming, and Sean Yutzv

DOI: 10.1377/hlthaff.2011.0278 HEALTH AFFAIRS 30, NO. 6 (2011): -©2011 Project HOPE— The People-to-People Health Foundation, Inc.

QUALITY PROFILE

Partnering Urban Academic Medical Centers And Rural Primary Care Clinicians To Provide Complex Chronic Disease Care

ABSTRACT Many of the estimated thirty-two million Americans expected to gain coverage under the Affordable Care Act are likely to have high levels of unmet need because of various chronic illnesses and to live in areas that are already underserved. In New Mexico an innovative new model of health care education and delivery known as Project ECHO (Extension for Community Healthcare Outcomes) provides high-quality primary and specialty care to a comparable population. Using state-of-theart telehealth technology and case-based learning, Project ECHO enables specialists at the University of New Mexico Health Sciences Center to partner with primary care clinicians in underserved areas to deliver complex specialty care to patients with hepatitis C, asthma, diabetes, HIV/AIDS, pediatric obesity, chronic pain, substance use disorders, rheumatoid arthritis, cardiovascular conditions, and mental illness. As of March 2011, 298 Project ECHO teams across New Mexico have collaborated on more than 10,000 specialty care consultations for hepatitis C and other chronic diseases.

nder the Affordable Care Act of 2010, an estimated thirty-two million Americans will gain health insurance coverage in 2014. Given what we know about the currently uninsured, we can expect that many of these newly insured people will have had little prior interaction with the health care system. Many are likely to have high levels of unmet need because of chronic conditions such as diabetes and heart disease, and many live in areas that are already underserved. 1-3 Thus, providing them access to high-quality primary and specialty care will be a major challenge.

Fortunately, a number of strategies have been used successfully nationwide to increase access to primary care in underserved and rural areas.

Much of this care is provided by federally qualified community health centers, which operate in more than 8,000 sites across the country and which provide primary care for an estimated twenty million Americans.4 The Affordable Care Act contains a total of \$11 billion in new, dedicated funding over five years to greatly expand the reach of community health centers.

These community-based health centers and other local primary care providers can be the most culturally appropriate and accessible care sites for relatively low-income, uninsured patients. The centers often have established, ongoing relationships with their patients, and they can build on these long-term relationships to improve patients' adherence to treatment regimens.

Sanjeev Arora (SArora@ salud.unm.edu) is director of Project ECHO at the University of New Mexico (UNM) School of Medicine, in Albuguergue.

Summers Kalishman is director of the Office of Program Evaluation, Education, and Research at the UNM School of Medicine.

Denise Dion is an associate scientist, Project ECHO.

Dara Som is a communitybased research specialist for Project ECHO.

Karla Thornton is associate director of Project ECHO.

Arthur Bankhurst is chief of the Division of Clinical Immunology and Rheumatic Diseases, UNM School of

Jeanne Boyle is a nurse manager at Project ECHO.

Michelle Harkins is an associate professor of medicine at the UNM School of Medicine.

Kathleen Moseley is a nurse manager at Project ECHO.

Glen Murata is chief of the Epidemiology Section and acting chief of the General Internal Medicine Section at the New Mexico Veterans Affairs Health Care



Miriam Komaramy is medical director, Project ECHO Integrated Addiction and Psychiatry Program.

Joanna Katzman is an assistant professor and clinician educator at the UNM School of Medicine.

Kathleen Colleran is medical director, Cardiovascular Risk Reduction Clinic, at the UNM School of Medicine.

Paulina Deming is an assistant professor of pharmacy at the College of Pharmacy, UNM Health Sciences Center.

Sean Yutzy is a professor in the Department of Psychiatry, UNM Health Sciences Center. At the same time, however, providing primary care in rural and isolated areas is frequently a lonely business. Providers in these areas have little opportunity to interact with colleagues or continue their medical education. They frequently care for patient populations with high rates of illness, including complex, chronic illnesses that they may not be fully equipped to treat effectively. In fact, the lack of access to high-quality specialty care services is often a major problem, particularly for uninsured patients and those covered by Medicaid.⁵

An innovative new model of health care education and delivery in New Mexico known as Project ECHO (Extension for Community Healthcare Outcomes) is addressing these and other challenges. Established at the University of New Mexico Health Sciences Center, Project ECHO is developing capacity for safe and effective treatment of chronic, common, and complex diseases in rural and underserved areas while monitoring outcomes to ensure quality of care. Project ECHO serves as a model that other academic medical centers and primary care clinicians can build on to provide complex specialty medical care to underserved populations.

Using state-of-the-art telehealth technology and clinical management tools, ECHO trains and supports primary care providers in the community to develop knowledge and self-efficacy on a variety of diseases not usually considered within their scope of practice. As a result, these providers can deliver best-practice care for complex health conditions in federally qualified health centers and other community-based sites where this specialty care was previously unavailable. This article describes the Project ECHO model and discusses early results.

Background

The idea for Project ECHO grew out of New Mexico's severe hepatitis C problem. Prior to Project ECHO, fewer than 1,600 New Mexicans had received treatment for hepatitis C and chronic liver disease, although an estimated 34,000 residents had the disease.⁶

HEPATITIS C Hepatitis *C* is curable, but the treatment regimen is grueling and requires twelve to eighteen visits with a specialty provider over the course of a year. For patients who live great distances from academic medical centers or other major hospitals, or who lack transportation or face other access barriers, it can be difficult to impossible to see a specialist. For patients who are poor, uninsured, or underinsured, a number of other social, cultural, linguistic, and financial barriers may stand in the way of care.

Few rural practitioners are prepared to deal with treatment side effects, drug toxicities, treatment-induced depression, and co-occurring conditions. These can include mental health issues and substance abuse, both of which are common among hepatitis C patients. Optimal management of hepatitis C requires consultation with highly trained specialists from multiple areas, including gastroenterology, infectious disease, psychiatry, and addiction medicine.

Rural primary care providers who are treating patients in their home communities may want to consult with specialists, but they typically have limited access to such specialists or other difficulties in doing so. If they choose to refer their patients to specialists, the severe shortages of specialty providers in rural areas means that people with complex conditions such as hepatitis C often have to wait months to get treatment. Primary care physicians may then have few options but to refer patients to the closest academic medical center or other major hospital—which, as noted, may not be close at all. Not surprisingly, given the numerous barriers they may face, such patients often forgo treatment or wait until they have severe complications before seeking help.

PROBLEMS WITH SPECIALTY TREATMENT In New Mexico, barriers to specialty care treatment for hepatitis C are steep. New Mexico has a high proportion of residents who are poor (19.3 percent, versus 13.2 percent nationally) and uninsured (23.2 percent versus 15.4 percent across the nation). Approximately two-thirds of the state's population lives in rural areas, but two-thirds of physicians are located in urban areas. Patients frequently have to travel long distances to see university specialists.

Despite these barriers, Project ECHO presents an atypical example of a health care innovation in which the rural sector leads the way. Project ECHO affords an alternative model for meeting the needs of rural patients with complex diseases. The model was first piloted for treatment of hepatitis C in June 2003. We next describe how the model works.

How The Model Works

When a new partner site—a primary care practice in a rural area, for example—joins the network, ECHO staff members first conduct a two-day, inperson orientation in Albuquerque. The orientation explains the hepatitis C treatment protocol as well as the communications technology and the case-based presentation format for the weekly two-hour telemedicine clinics. Next, primary care clinicians—including physicians, nurses, and physician assistants—are organized

into disease-specific learning networks that meet weekly via videoconference to present cases. These "virtual grand rounds" or "teleclinics" are led by a team of University of New Mexico Health Sciences Center specialists, who review and discuss cases with primary care providers.

The hepatitis C team from the University of New Mexico includes a hepatologist (liver specialist), a pharmacist, a psychiatrist, and a nurse. These specialists do not assume the care of the patient; in fact, the team from the Health Sciences Center never even sees the patient. Instead, through a guided practice model, the primary care provider retains responsibility for managing the patient, operating with increasing independence as his or her skills and selfefficacy grow.

Web-based disease management tools facilitate consults, and specialists and primary care providers jointly manage complex chronic illness care for patients, who are treated right in their home communities. A secure, centralized database monitors patient outcomes.

THREE KNOWLEDGE ROUTES The knowledge networks follow the familiar case-based learning strategies from postgraduate medical education, providing learning opportunities for primary care providers through three main routes.

First, in partnering with the university specialists to co-manage the care of patients, primary care providers benefit from case-based learning and have an opportunity to develop both content knowledge and self-efficacy. The model supports guided feedback from specialists and ongoing learning, with the opportunity to discuss the patient many times during the course of the patient's care.

Second, community-based primary care providers have the opportunity to learn from each other through the network's provider interaction and shared decision making in case management. Through shared learning and increased expertise in hepatitis C management and treatment, they also rely on each other for expertise and support and develop a community of practice.

Third, community primary care providers also learn from brief didactic presentations that ECHO specialists make during teleclinics. These presentations are typically keyed to specific issues that arise during the teleclinics.

This multilevel "learning loop" allows primary care providers to learn by doing, to learn from each other, and to learn from specialists. It creates what one group of educators calls virtual "learning communities" that are "defined not by physical location or role within the community, but by common interests, concerns or affiliations."9

PROVIDERS INVOLVED Collaborative partners in Project ECHO include providers from a variety of clinical sites, such as federally qualified health centers in rural and urban underserved areas of the state, rural hospitals, New Mexico Department of Health facilities, and prisons. More than 1,000 doctors, nurses, nurse practitioners, physician assistants, and community health workers have participated in Project ECHO's telehealth clinics and trainings. During calendar year 2009, ECHO specialists made 1,582 case consultations. These patients would have had to travel a combined total of more than 539,000 miles to have their specialty care needs met at the University of Mexico in Albuquerque.

CONNECTING ONE TO MANY Project ECHO is not a traditional telehealth model that facilitates a one-to-one connection between a doctor and a patient using technology. Rather, Project ECHO builds altogether new and permanent capacities by developing specialist expertise where it previously did not exist. It is not one to one, but one to many. Instead of a single university-affiliated specialist in Albuquerque treating seventy patients a year, a cadre of health professionals trained in hepatitis C care is delivering specialty-level care to thousands of patients across the state. To date, Project ECHO has provided more than 10,000 specialty consultations across disease areas to patients throughout New Mexico. This "force multiplier effect" holds dramatic promise for reforming health care delivery nationally.

In addition to improving access to specialty care in rural and remote locations, Project ECHO connects isolated providers with colleagues, including specialists at academic medical centers. It delivers continuing education and improves primary care providers' satisfaction and retention in areas where it is often hardest to keep them. What's more, participating providers can earn continuing education credits at no cost, as well as certification in treating diseases such as hepatitis C. They also gain access to specialty consultation in a range of areas relevant to their practice that they did not have before.

EXAMPLE: ADMINISTERING VITAMIN D An example of how the Project ECHO model can disseminate best practices and innovations almost immediately is a relatively new protocol involving the administration of vitamin D to vitamindeficient patients with hepatitis C. A small, randomized controlled trial led by Saif Abu-Mouch of Hillel Yaffe Medical Center in Hadera, Israel, found that the addition of a vitamin D supplement improved the virologic response rate of antiviral therapy in hepatitis C patients.10 Upon learning of these results, Project ECHO checked

at UNM Health Sciences Library and Informatics Center



vitamin D levels among its hepatitis C patients across the state and found that approximately 85 percent were deficient. The clinician leadership rapidly instituted a protocol adding vitamin D to antiviral therapy and deployed it among the project's participating providers. The team will track patient outcomes from this intervention.

Expansion Of The Model To Other Chronic Illnesses

Project ECHO started with hepatitis C but has expanded to address asthma, chronic pain, diabetes and cardiovascular risk reduction, highrisk pregnancy, HIV/AIDS, pediatric obesity, rheumatology, substance abuse disorders, and mental illness. As of March 2011, 298 ECHO teams across New Mexico were delivering specialty care for these various conditions.

Chronic disease can be difficult to manage, especially for a primary care provider working alone. An example is rheumatoid arthritis—a complex, chronic, inflammatory disorder that may affect many different tissues and organs. Untreated, it can lead to severe joint deformity and disability. There is no cure, but disease-modifying medications can reduce joint inflammation to relieve pain and prevent or slow joint damage, and occupational and physical therapy can teach patients how to protect their joints. Long-term management typically is performed by a rheumatologist.

Approximately 1 percent of the population of New Mexico has rheumatoid arthritis. 11 However, many primary care physicians don't know how to manage the condition, and they often have difficulty differentiating rheumatoid arthritis from more benign forms of arthritis, such as osteoarthritis. As a result, many more patients are referred to specialists than necessary, and patients with serious disease face long delays as they compete for specialist clinic spots with patients who have more benign illnesses. These patients could be treated by a primary care provider, but the primary care providers in their communities might not feel comfortable treating rheumatoid arthritis because they lack expertise in this area. The result: long delays for specialty care and greater expense as a result of more referrals.

Project ECHO's rheumatology clinics have established an effective triage system to help participating primary care providers determine when a patient needs to see a specialist. And through training and comanagement with rheumatologists, primary care providers can treat patients with rheumatoid arthritis effectively—at the appropriate level of care—in their own communities. That means that specialists are

more available to treat patients with even more serious diseases, such as lupus or polyarteritis nodosa.

Applying The Model To Public Health In An Epidemic

The Project ECHO model has important implications for public health emergencies such as the H1N1 outbreak, as a result of the rapid-response capacity of the clinician network. During the height of the H1N1 outbreak in the fall of 2009, the number of pneumonia patients hospitalized in New Mexico for ventilator support increased dramatically. Unlike seasonal flu strains, H1N1 attacks the lower respiratory system, sometimes causing a virulent form of pneumonia. Patients with pneumonia from H1N1 often require several weeks of ventilator support in the intensive care unit, where they are monitored closely.

Having tracked complications of H1N1 influenza rates, Project ECHO immediately convened a teleclinic for providers across New Mexico to share newly identified best practices for ventilator treatment of hospitalized patients with H1N1 and pneumonia. The ECHO asthma team that organized teleclinics on ventilator treatment reached out successfully to a new audience: respiratory therapists, nurses, and clinicians at community hospitals. A separate teleclinic addressed antibiotic coverage of children with H1N1 and pneumonia. The experience demonstrated the flexibility of the ECHO model to mobilize the health care workforce in a public health crisis and disseminate best practices.

What Project ECHO Has Accomplished To Date

We have data to illustrate the achievements of Project ECHO, including observations of the weekly hepatitis C clinics, databases of ECHO clinic participation, and patient presentations by clinical providers. In addition, a study of the ECHO program incorporates annual survey data and routine surveys of community providers about workplace learning, personal and professional experiences, systems and environmental factors associated with professional practice, self-efficacy, and facilitators and barriers to ECHO participation.⁶

TREATMENT FOR PATIENTS To date, Project ECHO has performed more than 1,000 telehealth clinics through its knowledge networks and more than 10,000 patient consultations for hepatitis C and other chronic diseases via the videoconferencing clinics. This number includes clinical evaluations and screenings to ensure that

298

ECHO Teams

As of March 2011, 298
Project ECHO teams were
delivering specialty care
for various conditions
across New Mexico.

patients are ready to begin treatment (many patients with hepatitis C need to terminate substance use, lose weight, improve their nutritional intake, or make other health improvements prior to starting treatment), with periodic review of cases that are not treatment-ready to ensure appropriate linkage to other services. Most consultations serve patients from ethnic/ racial minority groups. For example, 69 percent of patients from rural health centers and prisons in the hepatitis C clinic were minorities.

The ECHO videoconferencing clinics have participating agencies across New Mexico that accept referrals from other clinicians in the community for chronic complex diseases. They include 298 teams of primary care clinicians at federally qualified health centers, rural hospitals, New Mexico Department of Health offices, Indian Health Service facilities, seven prison sites, and private-practice physicians who serve low-income communities.

CONTINUING EDUCATION FOR PROVIDERS More than 20,000 hours of continuing medical education and nursing continuing education units have been issued to community-based primary care providers at no cost to the providers. Project staff have provided more than 500 hours of training at rural sites, including staff and provider training, as well as grand-rounds presentations.

Initial survey data published in 2010 show a statistically significant improvement in providers' knowledge, self-efficacy, and professional satisfaction through participation in Project ECHO's hepatitis C clinics. Clinicians reported a moderate-to-major benefit from participation.6

Primary care providers who participated in these clinics reported increased competence in their ability to assess, treat, and manage patients with hepatitis C. At the time they joined the ECHO clinics, they self-reported having little knowledge or skill in hepatitis C. After participating in ECHO for twelve months or more, they described themselves as competent or very competent. Providers also reported that participating in ECHO greatly reduced their sense of professional isolation, increased their professional satisfaction, and benefited their clinics.6

After participating in Project ECHO for twelve months in the comanagement and care of patients with hepatitis C, thirty-four community providers responded to a survey with ten Likert-scale statements asking them about their perception about their future role in the management, treatment, and care of patients with hepatitis C. Each statement was rated from 1 (not important) to 4 (essential). Eighty-eight percent of the providers agreed that it is very important or essential for them to become well-trained providers of local care for hepatitis

C patients; 91 percent agreed that it is very important or essential for them to manage and treat hepatitis C patients with support of the teleconference network.

In addition, 58 percent agreed that it is very important or essential for them to become the local expert on hepatitis C, while 73 percent reported that it is very important or essential for them in their future role to provide consultation to other primary care providers in the care of hepatitis C patients. (See Exhibit 1 for full results.) The hepatitis C community providers largely endorsed the goals of ECHO model after participating in Project ECHO for one year and treating between one and more than ten patients during the year.

In 2010 Project ECHO held a one-day annual meeting that included professional education and updates for specific clinical endeavors. Project ECHO partners were asked to complete an anonymous survey at the conclusion of the annual meeting; partners included physicians, nurses, pharmacists, nurse practitioners and physician assistants, health educators, and community health workers. The survey included Likert-scale statements that participants rated from 1 (strongly disagree) to 5 (strongly agree). Each statement included a "do not know/not applicable" response as well. Ninety-five participants rated seven statements included in Exhibit 2; where fewer are reported, these participants selected "not applicable" or "do not know." Participants' mean ratings associated with the benefits from Project ECHO range from 3.66 to 4.73, with the mean for six statements at 4.3 or higher.

Exhibit 3 reports an additional five statements collected in the 2010 annual meeting survey from ECHO partners. Ninety participants rated five Likert statements (from 1, strongly disagree, to 5, strongly agree) about the patient benefits associated with their participation in Project ECHO. Participants agreed or strongly agreed with these statements; their mean ratings ranged from 4.19 to 4.45.

OVERALL RESULT We conclude that Project ECHO expands access to best-practice care for underserved populations, builds communities of practice to enhance the professional development and satisfaction of primary care clinicians, and expands sustainable capacity for care by building local centers of excellence.

Scaling Up Project ECHO

The Project ECHO model is suited for addressing a range of health care delivery challenges that many communities already face. We can only expect these challenges to intensify after the



EXHIBIT 1

Community Providers' Perceptions About Future Role In Management, Treatment, And Care Of Patients With Hepatitis C, New Mexico, 2010

Provider's future role in primary care	Not important (%)	Somewhat important (%)	Very important (%)	Essential (%)	Not applicable (%)
To become a well-trained provider of local care for hepatitis C patients $(n = 34)$	3	3	56	32	6
To diagnose hepatitis C patients ($n = 32$)	6	6	31	50	6
To screen and refer hepatitis C patients to specialists for treatment $(n = 34)$	29	26	9	27	9
To manage and treat hepatitis C patients with the support of the teleconference network ($n=34$)	3	0	53	38	6
To treat hepatitis C patients with antiviral therapy $(n = 34)$	6	6	47	35	6
To monitor and follow up with hepatitis C patients ($n = 34$)	3	3	38	50	6
To seek referral for all hepatitis C management ($n = 34$)	41	21	18	6	15
To seek referral for consultation and co-management of hepatitis C ($n = 33$)	24	36	18	12	10
To become the local expert in hepatitis C in provider's community $(n = 34)$	9	26	29	29	6
To provide consultation to other primary care providers in the care of hepatitis C patients ($n=34$)	3	18	47	26	6

source Authors' analysis of data collected under the Extension for Community Healthcare Outcomes, or Project ECHO, 2010.

implementation of the Affordable Care Act, when an estimated thirty-two million newly insured people enter the US health care system. The challenges include ensuring access to high-quality specialty care in rural and underserved areas; improving workforce retention among rural primary care providers; gaining control over a burgeoning chronic disease burden through

EXHIBIT 2

Project ECHO Benefits: Views Of Participating Providers, Health Workers, And Educators, New Mexico, 2010

Benefit	Strongly disagree (%)	Disagree (%)	Neutral (%)	Agree (%)	Strongly agree (%)	Do not know/ not applicable (%)	Mean (SD)
Through the Project ECHO telehealth clinics, I am learning best-practice care in chronic disease $(n = 94)$	0	1	3	20	70	5	4.68(0.59)
I am connected with peers in the ECHO telehealth clinic whose opinion I respect for professional advice and consultation $(n=95)$	0	3	4	24	63	5	4.55(0.73)
I learn with guidance from Project ECHO academic specialists in chronic disease management whose knowledge and skills I respect ($n = 95$)	0	0	1	22	69	7	4.73(0.46)
I am connected to and respected by the academic specialists in the ECHO telehealth clinic in which I participate ($n = 93$)	0	3	5	31	46	14	4.4(0.77)
As I become more and more expert in disease management, I need to present fewer and fewer patients in Project ECHO telehealth clinics ($n = 94$)	1	10	16	19	17	37	3.66(1.09)
I am developing my clinical expertise through participation in Project ECHO (n = 95)	0	1	5	32	51	12	4.48(0.66)
After gaining expertise in the clinical diseases addressed in Project ECHO, I am comfortable teaching others what I have learned ($n = 94$)	0	0	9	36	39	15	4.33(0.71)

SOURCE Authors' analysis of data collected under the Extension for Community Healthcare Outcomes, or Project ECHO, 2010. NOTE SD is standard deviation.



Project ECHO Participants' Views Of Patient Benefits, New Mexico, 2010

Patient benefit	Strongly disagree (%)	Disagree (%)	Neutral (%)	Agree (%)	Strongly agree (%)	Do not know/ not applicable (%)	Mean (SD)
My participation in Project ECHO benefits patients under my care whom I co-manage with ECHO specialists ($n = 90$)	0	0	8	21	38	33	4.45(0.69)
The patients under my care whom I comanage with ECHO specialists receive best-practice care $(n = 90)$	0	0	7	23	34	36	4.43(0.67)
My participation in Project ECHO benefits the patients under my care whom I do not co-manage with ECHO specialists ($n = 89$)	0	1	10	35	24	30	4.19(0.75)
I apply what I have learned about best practices through Project ECHO to all of my patients with similar chronic diseases (n = 90)	0	0	6	32	42	20	4.45(0.62)
I feel comfortable applying the principles I learned from Project ECHO to other patients in my practice with similar chronic disease, independently, without presenting them on the network $(n = 90)$	0	0	11	38	30	21	4.23(0.68)

SOURCE: Authors' analysis of data collected under the Extension for Community Healthcare Outcomes, or Project ECHO, 2010. NOTE SD is standard deviation.

primary and secondary prevention; reducing variations in care and reducing costs; and deploying cost-effective best practices and health care delivery innovations quickly.

As we have shown, the Project ECHO model holds great potential for meeting these challenges. It is being replicated at a second academic health center at the University of Washington, focusing initially on hepatitis C, for providers serving Native American populations, and then growing to include rural sites, such as migrant health worker clinics and family health centers. The University of Chicago also has launched an ECHO program to manage heart disease among African American men. The ECHO model is gaining international attention as well, notably in India, where a program modeled on Project ECHO is training pediatricians on early detection of autism and educating schoolteachers in best-practice management of autistic children. In addition, a project to improve access to HIV treatment has been launched in collaboration with Maulana Azad Medical College in Delhi.

Despite the benefits of the ECHO model, there are barriers to national or even international replication. Most important is sustainability. In New Mexico, Project ECHO has received several grants, including a three-year, \$1.45 million grant awarded by the federal Agency for Healthcare Research and Quality in 2004 for the hepatitis C pilot, and an additional grant from that agency of \$1.5 million under the Minority Research Infrastructure Support Program to support pilot research for four more health conditions.

In 2008 Project ECHO received an award of \$5 million from the Robert Wood Johnson Foundation to replicate the model in six other disease areas and at the University of Washington. In 2009 ECHO received an additional \$1.2 million grant from the Agency for Healthcare Research and Quality to enhance the project's web-based disease management tool. Since 2008 Project ECHO has also received more than \$900,000 per year from the New Mexico legislature, based on its ability to make best-practice care for hepatitis C and other chronic diseases available statewide.

It is unlikely that funders will support Project ECHO indefinitely. Nor is it likely that the model can be replicated on a large scale without a structure for sustainability. To make a substantial impact on how health care is delivered across the United States, the model needs to be incorporated into the health care system so that reimbursement mechanisms are created to pay for the various services it provides.

The Affordable Care Act creates opportunities for such reimbursement mechanisms through provisions that strengthen financial incentives for providing high-quality care at the lowest possible cost. Most notable, perhaps, is the establishment of accountable care organizations. Under the Affordable Care Act, an accountable



care organization would receive a fixed budget to provide health care for a defined population over a set period of time, with responsibility for demonstrating the health outcomes of the targeted population. Such a system, which essentially "bundles" health care services so that the financial incentives focus on the quality of patient outcomes rather than the number of services provided, would be well suited to adopting the ECHO model.

Sustainability will also require the active engagement of academic medical centers, which must embrace the ECHO model and its underlying goals and core concepts as part of their missions. Project ECHO offers academic medical centers an opportunity to develop new and expanded leadership roles in teaching and training the health care workforce, providing health care to Americans most in need, disseminating evidence-based best practices, and protecting the nation in a public health crisis. And by helping solve serious community health problems, academic health centers can strengthen their ties with community leaders and health care providers. Large integrated delivery systems may apply the ECHO model in much the same way.

Conclusion

In the aftermath of passage of the Affordable Care Act, Project ECHO has the potential to radically transform how health care is provided in the United States and to bring best-practice care to patients with chronic health conditions, wherever they are. As an estimated thirty-two million newly insured people enter the health care system in 2014—bringing with them a host of health-related problems—cost-effective care models are needed.

Project ECHO is just such a model. It creates partnerships between primary care providers in rural and underserved areas and specialty care providers at academic medical centers that allow for the sharing of new knowledge in real time. These partnerships exponentially boost the health care system's ability to deliver specialty care to people who otherwise would lack access. Thus, Project ECHO uses technology and existing resources to magnify the capacities of the health care workforce, build a bridge across health care settings, and truly provide health care without walls.

Financial support was provided by the Robert Wood Johnson Foundation (HSC-12074), the Agency for Healthcare Research and Quality(5 UCI HS015135, 1R24 HS016510, 1 R18 HS018171), and the New Mexico State Legislature. [Published online May 19, 2011.]

NOTES

- 1 Wilper AP, Woolhandler S, Lasser KE, McCormick D, Bor DH, Himmelstein DU. A national study of chronic disease prevalence and access to care in uninsured US adults. Ann Intern Med. 2008; 149:170–6.
- 2 McWilliams JM, Meara E, Zaslavsky AM, Ayanian JZ. Use of health services by previously uninsured Medicare beneficiaries. N Engl J Med. 2007;357:143–53.
- 3 McWilliams JM, Meara E, Zaslavsky AM, Ayanian JZ. Differences in control of cardiovascular disease and diabetes by race, ethnicity, and education: US trends from 1996 to 2006 and effects of Medicare coverage. Ann Intern Med. 2009; 150:505–15.
- 4 Adashi EY, Geiger HJ, Fine MD. Health care reform and primary care—the growing importance of the community health center. N Engl J Med. 2010;362:2047–50.
- 5 Cook NL, Hicks LS, O'Malley AJ,

- Keegan T, Guadagnoli E, et al. Access to specialty care and medical services in community health centers. Health Aff (Millwood). 2007; 26(5):1459–68.
- 6 Arora S, Kalishman S, Thornton K, Dion D, Murata G, Deming P, et al. Expanding access to hepatitis C virus treatment—Extension for Community Healthcare Outcomes (ECHO) Project: disruptive innovation in specialty care. Hepatol. 2010;52(3): 1124–33.
- 7 US Department of Agriculture, Economic Research Service. State fact sheets: New Mexico [Internet]. Washington (DC): USDA; 2009 [updated 2011 Mar 30; cited 2011 Apr 7]. Available from: http://www .ers.usda.gov/statefacts/nm.htm
- **8** State of New Mexico Department of Health. Hepatitis C in New Mexico: a public health approach to a "silent epidemic" [Internet]. Santa Fe (NM): The Department; [cited 2011 Apr 7]. Available from: http://www

- .health.state.nm.us/phd/dist3/ documents/HEPCNMGSimpson Apr01.pdf
- 9 Miller BM, Moore DE Jr., Stead WW, Balser JR. Beyond Flexner: a new model for continuous learning in the health professions. Acad Med. 2010; 85(2):266–82.
- Mouch SA, Fireman Z, Jarchovsky J, Assy N. Vitamin D supplement improves SVR in chronic hepatitis C (genotype 1) naïve patients treated with PEG interferon and ribavrin. Presentation outline. Hepatol. 2010; 52(Suppl 1):S26.
- 11 Hall IM, Wilson L. New Mexico arthritis report: the burden of arthritis strategies for action 2003. Santa Fe (NM): New Mexico Department of Health Chronic Disease Prevention and Control Bureau, New Mexico Department of Health Arthritis and Osteoporosis Prevention and Control Programs, New Mexico Arthritis Advisory Control Council; 2004.



ABOUT THE AUTHORS: SANJEEV ARORA AND HIS TEAM



Sanjeev Arora is director of Project ECHO at the University of New Mexico School of Medicine

Sanjeev Arora and coauthors examine the Extension for Community Healthcare Outcomes in New Mexico, a new model of health care education and delivery. Through Project ECHO, as it is called, specialists at the University of New Mexico Health Sciences Center partner with primary care clinicians in underserved areas to deliver complex chronic disease care. The program began by treating patients with hepatitis C and has expanded to help patients with asthma, diabetes, HIV/AIDS, pediatric obesity, and mental illness.

Arora is a tenured professor of medicine in the Department of Internal Medicine at the University of New Mexico Health Sciences Center. For fifteen years he has been involved in managing viral hepatitis. He developed the Project ECHO model as a platform for service delivery, education, and evaluation, and he serves as its director.

In 2007 Project ECHO was chosen from among 300 entries from 27 countries to win the Changemakers award, which is given by the Robert Wood Johnson and Ashoka Foundations to honor programs that are changing the paradigm of how medicine is practiced. In 2009 Project ECHO received grant funding from the Robert Wood Johnson Foundation to further explore the model's potential to expand best-practice care for vulnerable populations.

One of the most surprising findings of Project ECHO, says Arora, has been "how eager academic specialty physicians and primary care providers in remote areas are to work with each other." Specialists, for example, "are keen to share their knowledge, help spread best practices, and work collaboratively in managing patients with chronic diseases. This has been immensely gratifying."

Another surprise, Arora says, is the success of Project ECHO's use of community health workers. The program has trained seventy-five of the workers to assist patients with diabetes in making behavior changes, and twenty to assist in helping patients manage substance abuse disorders. "We are even training prison inmates to be peer educators on substance abuse and on infectious diseases such as HIV, hepatitis C, and sexually transmitted diseases," says Arora. So far, the program has trained 136 prison peer educators, who have provided education to more than 1,600 inmates.

Arora received his medical degree from the Armed Forces Medical College, in Pune, India.

Most of Arora's coauthors are colleagues at the University of New Mexico School of Medicine, which is part of the University of New Mexico Health Sciences Center. They are Summers Kalishman. director of the Office of Program Evaluation, Education, and Research: Denise Dion, associate scientist, Project ECHO; Dara Som, community-based research specialist, Project ECHO; Karla Thornton, associate director, Project ECHO; Arthur Bankhurst, chief, Division of Clinical Immunology and Rheumatic Diseases; Jeanne Boyle, nurse manager, Project ECHO; Michelle Harkins, associate professor of medicine; Kathleen Moseley, nurse manager, Project ECHO; Glen Murata, chief of the Epidemiology Section and acting chief of the General Internal Medicine Section, New Mexico Veterans Affairs Health Care System; Miriam Komaramy, medical director, Project ECHO Integrated Addiction and Psychiatry Program; Joanna Katzman, assistant professor and clinician educator; Kathleen Colleran, medical director, Cardiovascular Risk Reduction Clinic; Paulina Deming, assistant professor of pharmacy; and Sean Yutzy, professor, Department of Psychiatry.



From: Barnes, Joshua (OS/ASPR/OEM) Sent: 1 Oct 2017 21:04:13 +0000

To: Gabriel, Edward (OS/ASPR/IO); Grant, Natalie (OS/ASPR/OEM); Hastings,

Elizabeth (OS/ASPR/OEM); Hadzibegovic, Diana (OS/ASPR/OEM); Mason, Byron (OS/ASPR/OEM); Roach-Seymour, Sonia (OS/ASPR/OEM) (CTR); Fischer, Rachel (OS/ASPR/OEM) (CTR); Woolfolk, Jyl (OS/ASPR/OPP); Recovery Task Force - 2017 Harvey; Andrews, Sean (OS/ASPR/IO); Pavetto, Carl (FDA/OC); Fantinato, Jessica (OS/ASPR/OEM); Bratcher-Bowman, Nikki (HHS/IEA);Jones, Wanda K. (DHHS/OS/OASH);Pilato, Anna (ACF);Gettinger, Andrew (OS/ONC); Sherman, Susan (HHS/OGC); Ford-Barnes, Arwenthia (HHS/ASPR/IO); Finne, Kristen (OS/ASPR/OPP); Johnson, Kelly J. (OS/ASPR/OPP) (CTR); Robertson, Lance (ACL); Oidtman, Jessica (OS/ASPR/OPP);Ponton, Wendy (HRSA);Cordova, Jon (OS/ASA);Herron, Anne (SAMHSA/OPPI):Delarosa, Mary (OS/ASPR/OPP):Nicholls, Richard (ACL):Robinson, Vicki L (OIG/IO);Lennon, Todd (HRSA);Nevel, Amy (HHS/ASPE);Burney, Tabinda (OS/ASPR/OEM);Herrmann, Jack (HHS/ASPR/OPP);Redd, Stephen (CDC/OPHPR/OD);Levine, Cheryl (OS/ASPR/OPP); Nelson, Rachel (OS/ONC); Leary, Adam (OS/ASPR/OEM); Chase, Jabal L. (CMS/CQISCO);Max Hamel;Teuscher, David (HHS/IEA);Ray Gorrie, Jennifer (HHS/OGC);Davis, Ruth M (OIG/IO); Garza, Roberto (ACF); Bowens, Michael (HRSA); Tabak, Lawrence (NIH/OD) [E];Meeks, Kevin (IHS/OKC/AO);Gentile, John (HHS/ASFR);Arnold, Sharon (AHRQ/IOD);Clark, Barbara (HHS/ASL);Black, Jodi (NIH/OD) [E];Bulls, Michelle G. (NIH/OD) [E];Yeskey, Kevin (OS/ASPR/IO) (CTR); Maddry, Lisa (OS/ASPR/OEM); Moughalian, Jen (HHS/ASFR); EMG Recovery (OS/ASPR); Kemper, Laura (HHS/ASL); Logan, Robert D. (ACL); Ciambruschini, Karen (HRSA); Colf, Leremy (HHS/ASPR/OPP); Miller, Caitlyn (OS/ASFR); Mackay, Thomas (OS/ASPR/OEM)

Subject: RE: 2017 HHS Recovery Senior Leader Task Force Notes from 9/29

Meeting

Attachments: HARVEY RECOVERY SLB 29SEP2017_V2.pdf, Recovery issue stoplight tracker - Harvey- 9-28-17 .xlsx, HSS RSF Meeting Summary 09.26.17_vfinal.docx, HHS Recovery Senior Leader Task Force Meeting Summary 092917_v2.docx

Good Afternoon.

Thank you for your continued support of the 2017 HHS Recovery Senior Leaders Task Force. Attached are the notes from the meeting and the referenced accompanied materials.

If you have any questions please let me know or email HSS-Recovery-Coordination@hhs.gov.

Regards,

Josh

Action Items

- 1. Please send an email to HSS-Recovery-Coordination@hhs.gov with the primary contact/representative for each agency participating in the task force.
- 2. Please send any feedback from the last SLB to HSS-Recovery-Coordination@hhs.gov.
- 3. Send any OPDIV/STAFFDIV activities and support actions for Harvey recovery to HSS-Recovery-Coordination@hhs.govto update the tracker.
- 4. Updated Quad Charts for Texas and Florida will be published on Tuesdays



5. Please complete the HSS Quad Chart by COB each Friday. The link to the Quad Chart is available on the HSS RSF MAX.gov webpage: https://community.max.gov/x/pQdqQQ







Joshua Barnes

Acting Director, Recovery Division, HHS/ASPR

D: 202-260-6123

M: (b)(6)

----Original Appointment----

From: EMG Recovery (OS/ASPR) On Behalf Of Gabriel, Edward (OS/ASPR/IO)

Sent: Thursday, September 28, 2017 10:12 AM

To: Gabriel, Edward (OS/ASPR/IO); Grant, Natalie (OS/ASPR/OEM); Hastings, Elizabeth (OS/ASPR/OEM); Hadzibegovic, Diana (OS/ASPR/OEM); Mason, Byron (OS/ASPR/OEM); Roach-Seymour, Sonia (OS/ASPR/OEM) (CTR); Barnes, Joshua (OS/ASPR/OEM); Fischer, Rachel (OS/ASPR/OEM) (CTR); Woolfolk, Jyl (OS/ASPR/OPP); Recovery Task Force - 2017 Harvey; Andrews, Sean (OS/ASPR/IO); Pavetto, Carl (FDA/OC); Fantinato, Jessica (OS/ASPR/OEM); Bratcher-Bowman, Nikki (HHS/IEA); Jones, Wanda K. (DHHS/OS/OASH); Pilato, Anna (ACF); Gettinger, Andrew (OS/ONC); Sherman, Susan (HHS/OGC); Ford-Barnes, Arwenthia (HHS/ASPR/IO); Finne, Kristen (OS/ASPR/OPP); Johnson, Kelly J. (OS/ASPR/OPP) (CTR); Robertson, Lance (ACL); Oidtman, Jessica (OS/ASPR/OPP); Ponton, Wendy (HRSA); Cordova, Jon (OS/ASA); Herron, Anne (SAMHSA/OPPI); Delarosa, Mary (OS/ASPR/OPP); Nicholls, Richard (ACL); Robinson, Vicki L (OIG/IO); Lennon, Todd (HRSA); Nevel, Amy (HHS/ASPE); Burney, Tabinda (OS/ASPR/OEM); Herrmann, Jack (HHS/ASPR/OPP); Redd, Stephen (CDC/OPHPR/OD); Levine, Cheryl (OS/ASPR/OPP); Nelson, Rachel (OS/ONC); Leary, Adam (OS/ASPR/OEM); Chase, Jabal L. (CMS/CQISCO); Max Hamel; Teuscher, David (HHS/IEA); Ray Gorrie, Jennifer (HHS/OGC); Davis, Ruth M (OIG/IO); Garza, Roberto (ACF); Bowens, Michael (HRSA); Tabak, Lawrence (NIH/OD) [E]; Meeks, Kevin (IHS/OKC/AO); Gentile, John (HHS/ASFR); Arnold, Sharon (AHRO/IOD); Clark, Barbara (HHS/ASL); Black, Jodi (NIH/OD) [E]; Bulls, Michelle G. (NIH/OD) [E]; Yeskey, Kevin (OS/ASPR/IO) (CTR); Miller, Caitlyn (OS/ASFR); Mackay, Thomas (OS/ASPR/OEM)

Cc: Maddry, Lisa (OS/ASPR/OEM); Moughalian, Jen (HHS/ASFR); EMG Recovery (OS/ASPR); Kemper, Laura (HHS/ASL); Logan, Robert D. (ACL); Ciambruschini, Karen (HRSA); Colf, Leremy (HHS/ASPR/OPP)

Subject: FW: Harvey Recovery Task Force

When: Friday, September 29, 2017 10:00 AM-11:00 AM (UTC-05:00) Eastern Time (US & Canada). Where: APSR Main Conference Room Humphrey Suite 638G | Conference Line: 202-774-2300, PIN (b)(6)

(b)(6)

From: Ford-Barnes, Arwenthia (HHS/ASPR/IO)On Behalf OfGabriel, Edward (OS/ASPR/IO) Sent: Thursday, September 28, 2017 10:12:00 AM (UTC-05:00) Eastern Time (US & Canada) To: Recovery Task Force - 2017 Harvey; Andrews, Sean (OS/ASPR/IO); Hadzibegovic, Diana (OS/ASPR/OEM); Mason, Byron (OS/ASPR/OEM); Pavetto, Carl (FDA/OC); Barnes, Joshua (OS/ASPR/OEM); Fantinato, Jessica (OS/ASPR/OEM); Bratcher-Bowman, Nikki (HHS/IEA); Jones, Wanda K. (DHHS/OS/OASH); Pilato, Anna (ACF); Hastings, Elizabeth (OS/ASPR/OEM); Gettinger,



Andrew (OS/ONC); Sherman, Susan (HHS/OGC); Woolfolk, Jyl (OS/ASPR/OPP); Ford-Barnes, Arwenthia (HHS/ASPR/IO); Finne, Kristen (OS/ASPR/OPP); Johnson, Kelly J. (OS/ASPR/OPP) (CTR); Robertson, Lance (ACL); Oidtman, Jessica (OS/ASPR/OPP); Ponton, Wendy (HRSA); Cordova, Jon (OS/ASA); Herron, Anne (SAMHSA/OPPI); Delarosa, Mary (OS/ASPR/OPP); Nicholls, Richard (ACL); Robinson, Vicki L (OIG/IO); Lennon, Todd (HRSA); Nevel, Amy (HHS/ASPE); Burney, Tabinda (OS/ASPR/OEM); Herrmann, Jack (HHS/ASPR/OPP); Redd, Stephen (CDC/OPHPR/OD); Levine, Cheryl (OS/ASPR/OPP); Nelson, Rachel (OS/ONC); Leary, Adam (OS/ASPR/OEM); Chase, Jabal L. (CMS/CQISCO); Max Hamel; Teuscher, David (HHS/IEA); Ray Gorrie, Jennifer (HHS/OGC); Davis, Ruth M (OIG/IO); Garza, Roberto (ACF); Bowens, Michael (HRSA); Tabak, Lawrence (NIH/OD) [E]; Meeks, Kevin (IHS/OKC/AO); Gentile, John (HHS/ASFR); Arnold, Sharon (AHRQ/IOD); Clark, Barbara (HHS/ASL); Black, Jodi (NIH/OD) [E]; Bulls, Michelle G. (NIH/OD) [E]; Yeskey, Kevin (OS/ASPR/IO) (CTR); Miller, Caitlyn (OS/ASFR)

Cc: Maddry, Lisa (OS/ASPR/OEM); Fischer, Rachel (OS/ASPR/OEM) (CTR); Moughalian, Jen (HHS/ASFR); EMG Recovery (OS/ASPR); Kemper, Laura (HHS/ASL); Logan, Robert D. (ACL); Roach-Seymour, Sonia (OS/ASPR/OEM) (CTR); Ciambruschini, Karen (HRSA); Colf, Leremy (HHS/ASPR/OPP)

Subject: Harvey Recovery Task Force

When: Friday, September 29, 2017 10:00 AM-11:00 AM.

Where: APSR Main Conference Room Humphrey Suite 638G | Conference Line: 202-774-2300, PIN: (b)(6)

Placeholder for the 2017 Harvey Recovery Task Force Weekly Meetings. Meeting materials will be sent around no later than the Wednesday COB prior to the meeting. Please contact Joshua Barnes (joshua.barnes@hhs.gov) with any questions or concerns.

To participate in the WebEx:

- WebEx Link
- ASPR users: use Internet Explorer. If you are properly logged in to WebEx Assistant, you will be redirected immediately. If not, enter in your name and email address (do NOT change the ?Meeting Password?), and click ?Join?. If prompted for a user name and password, it is your HHS email address and ITIO password.
- Non-ASPR Users: Enter in your name and email address (do NOT change the ?Meeting Password?), click ?Join?. If prompted, click ?Run a temporary application? and follow the prompts (you will not need admin privileges to run this software).
- Click on the ?Audio Connection? button.
- Follow the instructions for your preferred audio connection method (if you have not tested your computer audio prior to the meeting, please call in via the listed teleconference line).

Audio Only Users:

Conference Line: 202-774-2300

Pin: (b)(6)







HHS Senior Leadership Brief

Hurricane Harvey Recovery 29Sep17 1600EST

Major Health and Social Services Recovery Team Actions:

- Impact Assessment Landscape Assessment Team (Pilot) concluded 2-day tour late afternoon September 28 to
 determine benefits of sending HHS Subject Matter Expert (SME) assessment teams to Federally-funded
 facilities in the affected counties. SMEs included Environmental Health (ATSDR CDC), Public Health and
 Health Care Systems (CDC, HRSA), and Human Services and Behavioral Health (ACF). Major issues
 identified included needs for services to housing, food, clothing, medical, environmental health, and behavioral
 health supports.
- Environmental Health Working Group Identifying wide-spread evidence of environmental health related issues related to mold remediation and debris removal. An estimated 90% of the facilities visited have mold, including FEMA-run Disaster Recovery Centers. Clinics are seeing people in facilities where mold is present and floor tiles were drastically discolored.
- Worker/Volunteer Health and Safety Receiving reports on storm related to "Professionals' Brain Drain."
 Doctors, Mental/Behavioral Health providers, nurses, teachers, and child care professionals evacuated prestorm and either did not return or returned and then left due to lack of infrastructure and services.
- Healthcare Facility Restoration Working Group Working with Texas State Hospital Association, CMS, HRSA, CDC, and state public health to identify health facility conditions. As an example, Care Regional Medical Center in Aransas Pass serves three affected counties, and a population of 90,000+. There is no estimated reopening date for this hospital.
- Education Focus Working with state and Department of Education to highlight strategies for restoring educational facilities and supporting affected children. Child Care and Head Start centers are closed in Aransas Pass.
- <u>Behavioral Health</u> Documenting reports on individuals who lived in trailers pre-storm and lost everything after Hurricane Harvey. Most every location visited mentioned the need for behavioral health services.

Healthcare Facility Restoration:

- Hospitals:
 - Evacuated or closed: 4 (2 Houston; 1 Beaumont; 1 Aransas)
 - Internal disaster status: 3 (2 Houston; 1 Beaumont)
- Dialysis Centers: 7 (-4) closed
- Long-Term Care Facilities Closed: 51 (-1)
 - Assisted Living Facilities: 23 (+-0)
 - Nursing Facilities: 14 (+-0)
 - Intermediate Care Facilities: 14 (-1)
 - Facilities for Individuals with Technical Disabilities 14 (-12)
- HRSA: 3 closed (-6) (165 health centers in the disaster area)
 - Assessment of damage is ongoing. Some HRSA program participants are returning to normal service delivery.
- Mobile/Urgent Clinics:
 - Deployed **48** temporary health clinics.

Human and Social Services Recovery:

- Shelter population status:
 - o Emergency Shelters: 15 shelters (1,525 people)
 - Transitional Shelter Assistance (TSA): 59,615
 *Note: FEMA extended TSA deadline to 10/10/17, but will be 35,000 homes short of moving residents out. Alternative housing options being considered include, mobile homes and trailers.
- Status on children impacts:
 - Child Care Centers:

Evacuated and closed: 513 (+94) facilities

- closed (42,309 (+6,108) children displaced);
 62 (+-0) facilities temporarily relocated
- School Status:
 - Aransas school closures impact an estimated 5,607 students and 408 educators. An estimated 3,393 are minority students (majority Hispanic).
 - Aransas County ISD is working on MOUs with other districts for students to attend schools. Aransas Pass students are attending school elsewhere.

HHS-OS EF Lit 18-0241-00002597

UNCLASSIFIED//FOR OFFICIAL USE ONLY

Core Mission Areas:

Public Health Issues

 Residents concerned about receiving conflicting messaging on whether or not homeowners/renters should begin repairs/mitigation before insurance companies assess damages.

*Note: CDC has partnered with the Insurance Information Institute (I.I.I.) to develop accurate and consistent messages for residents via blogs and social media.

Health Care Service Issues

 CMS has issued blanket waivers to impacted TX counties for the following: Skilled Nursing Facilities, Home Health Agencies, Critical Access Hospitals, Housing Acute Care Patients in Excluded Distinct Part Units, and Durable Medical Equipment.

Behavioral Health Issues

- The Crisis Counseling Assistance and Training Program's Immediate Services Program (ISP) was approved and is now hiring and training personnel.
- The TX Psychological Association announced that over 100 psychologists have volunteered to provide free therapy sessions for Hurricane Harvey victims.

Environmental Health Issues

- 44 boil water notices in place across 15 counties (over 12,000 people affected); 7 inoperable public drinking water systems. Increase in notices is due to emerging issues as systems are inspected.
- Concerns remain that toxins are spreading from superfund sites. EPA has confirmed 13 superfund sites flooded and/or experiencing damage. There is some conflicting information on the status of certain sites.

• Food Safety and Medical Products Issues

Vector control aerial spraying was concluded on 9/26/17.

• Long-Term Health Issues Specific to Responders

o There is a need for a framework or system for monitoring responder health.

Social Services Issues

NSTR

Referral to Social Services/Disaster Case Management Issues

Serious health safety concerns in Aransas and Nueces Disaster Response Centers (DRC). Neuces DRC reports mold contamination and leaks. 3 staff members have gone home sick.

Children in Disasters

- Delayed start to school year has added to the compounding factors affecting children. Texas Education Agency (TEA) is currently not offering any waivers on standards and testing.
- Currently over 124,000 households (approx. 361,328 individuals) are receiving support from the Disaster Supplemental Nutrition Assistance Program (D-SNAP).

Social Media Updates:

- A moderate number of people continue to discuss being denied by FEMA and the Red Cross.
- High volume of conversation from both the public and local residents surrounding a video post from a major local news outlet displaying long lines of survivors waiting to get assistance from the Disaster Supplemental Nutrition Assistance Program.



Hurricane Harvey Stoplight Issue Tracker		
Updated On: 9/28/17		
Core Mission Area/Issue Area		
Public Health		
Disease surveillance issues		
Epidemiological assessments of flood water exposure		
Mortality/Injuries		
Public health messaging issues/risks		



Persistent public health risk questions	
Health Care Services Impacts	
Hospital Rebuilding Issues	
Hospital Utilities Issues	
Hospital Functionality Issues	



Rural Health Clinics
Health Care Access for Vulnerable Populations
Blood Banks
Clinics
Dialysis Centers/Treatment
Long-term Care Facilities
Nursing Homes/Assisted Living Facilities
Home and Community-based Services (non-facility based)
Intermediate Care



Pharmacies/Prescription Access
Pharmacy Restoration
Mobile/Urgent Clinics
Behavioral Health Impacts
Disaster-caused service access deficits
Impacts to practitioner/behavioral health support network
Domestic violience issues



Substance Abuse Treatment/Access
Stress management issues
Known incidents of suicide
Crisis Counseling Program
Methadone/Opioid Clinics
Environmental Health Impacts
Potable Water Quality
Private well issues
Debris Contamination Issues
Air quality Issues
Mold and related issues



Vector control	
Wastewater	
Water Systems	
Chemical Pollutants	



Provide technical assistance regarding site-specific hazards and their implications related to recovery **Food Safety and Regulated Medical Products** Overall food safety Issues for regulated biologics facilities Issues for medical device manufacturers and supply chain Issues for facilities producing medicines Issues for human food establishments Food safety of meat, poultry, and processed egg products Vaccines

Long-term Health Issues Specific to Responders

Health and safety concerns for professional responders



Health and safety concerns for community responders
Health and safety concerns for volunteers
Responder monitoring issues
Responder behavioral health care issues
Social Services Impacts
Assess disaster-related structural, functional and operational impacts to social services facilities
Assess disaster-related impacts to at-risk individuals



Issues associated with temporary housing
Referral to Social Services/Disaster Case
Disaster case management issues
Known unment needs from disaster case management
Issues integrating family case work into
VOAD/philanthropic networks Social Services Impacts
Deficiencies in access to disaster case management
Children and Youth in Disasters
Facilitate technical assistance, programs, and activities to support children and youth who are displaced as a result of the disaster including access to school and access to healthy meal services Identify behavioral health needs of children, youth, expectant and nursing mothers and provide age-
Center-based Child Care
Impact to foster care network



Head Start Status
Unaccompanied alien children issues
Displaced children homelessness (disaster-casued)
School Status
Higher Education
Students displaced
Child Nutrition
Child transportation issues (to/from school, child care)









Health and Social Services Recovery Support Function Coordination Committee Harvey/Irma/Maria Coordination Call

Meeting Summary

September 26, 2017

Purpose

This document summarizes the discussion, decisions, and action items from the September 26, 2017 coordination call of the Health and Social Services Recovery Support Function (HSS RSF). This summary will not be a verbatim record of the meeting proceedings.

Welcome and Introductions

Mr. Joshua Barnes (ASPR/OEM), the HSS RSF National Coordinator, welcomed and thanked participants on the call. Last week Mr. Barnes was in Texas with the HSS RSF Field Team and noted the observed value of having interagency partners embedded with the team on the ground. Mr. Barnes emphasized that while under steady state circumstances this committee would meet quarterly, given the impacts of Hurricanes Harvey, Irma, and Maria, the committee will continue to meet regularly to coordinate recovery for these disasters. CDR Betty Hastings and Mr. Byron Mason will soon start to convene field level HSS RSF calls for Texas and Florida, respectively. Once the field level coordination calls begin, the national level calls will reduce in frequency.

Going forward, Mr. Barnes would like to move reporting to a fillable form for the weekly HSS Quad Chart input. This form will be available on MAX.gov pages that are specific for each of the states that the HSS RSF is active. The MAX pages will also serve as an interagency information sharing platform. The link to the HSS RSF MAX page is included at the bottom of this meeting summary. Separate Quad Charts should be completed for Harvey/TX, Irma/FL, and eventually Maria/VIPR recovery activities. As a reminder, Quad Charts are asked to be submitted by COB every Friday. Mr. Barnes also requested that the field level POCs for each agency be sent to the HSS-Recovery-Coordination@hhs.gov mailbox – for both Texas and Florida.

Briefing

Informational: Status Update from Texas HSS RSF Field Coordinator: CDR Betty Hastings, the Texas HSS RSF Field Coordinator, thanked interagency partners for sending their best and brightest to participate in the field team. CDR Hastings reported that the team is currently looking at three primary issues based on raw data: Healthcare systems, Environmental and Public Health, and Children and Schools. In particular the team is evaluating service disruptions, facility impacts, and assessing recovery needs. The team will start a pilot program in the greatest impacted areas and will fine tune the pilot process for other counties. CDR Hastings reported that a Behavioral Health Workgroup that includes federal, state, local, and national partners as well as a school leader training program is in the process of being stood up. FEMA



and Texas A&M are in the process of assessing how to best assist families with private wells that may be contaminated. Mr. Barnes and CDR Hastings noted the significance of the Texas state Public Health agency embedding an individual in and working in collaboration with the HSS RSF team.

Informational: Status Updates from Florida HSS RSF Field Coordinator: Mr. Byron Mason, the Florida HSS RSF Field Coordinator, reported that Florida is in transition. The Joint Field Office (JFO) will open Wednesday September 27, 2017. Mr. Mason noted that the primary areas of focus are: Environmental Health, Healthcare, Human Services, and Schools.

- Environmental Health: The state of FL is conducting environmental health assessments at the county level, which are expected to be completed soon. Additionally, the field team is working with the state to address requests coming in for mosquito control.
- Healthcare: Hospitals are expressing interest in recovery. Mr. Mason is working with the FL Hospital Association to survey members and get a ballpark of costs incurred as well as categorized costs.
- Human Services: Up until recently the state was focused on mass care and sheltering, with Collier and Monroe Counties experiencing the greatest impact from Irma.
- Schools: Priority is to transition all schools back to their districts so that schools can reopen. The FL Department of Education is examining alternate sites around the state, and potentially virtual schools for the Florida Keys.

Mr. Mason addressed unconfirmed reports of high numbers of suicides in the Keys that those reports are likely rumor and not substantiated. Mr. Mason noted that the Immediate Services Crisis Counseling Program (CCP) is expected to start in FL soon, and that the state has until November to submit their application for the Regular Services CCP. Lastly, Mr. Mason noted that Disaster Recovery Centers were unable to open in all counties eligible for assistance, and that a multi-county approach is currently being utilized which can create challenges for those survivors most at risk and without transportation.

Informational: Status Update for VIPR: Mr. Barnes noted that the U.S. Virgin Islands and Puerto Rico (VIPR) are mostly still in the response phase to Hurricane Maria. There are ongoing transportation challenges; specifically in PR. FEMA is preparing to designate a Federal Disaster Recovery Coordinator for PR soon, with a planning cell being set up out of the D.C. area until the conditions are conducive for the recovery effort to move to the islands. The situation will be fluid and is expected to necessitate considerable engagement. Mr. Barnes requested that if you have information about health and social services impacts to Maria impacted areas, to please share with them with the HSS-Recovery-Coordination@hhs.gov mailbox.

Department of Education noted that the Commissioner of Education of USVI is planning for schools on the islands to be operational by October 9, 2017. USVI is in need of generators for school buildings as well as school supplies. ED requests: 1. Please pass along any organizations you may be connected with that can contribute generators or school supplies to the islands, 2. Pass along any known contacts for transporting supplies/generators to the islands. SAMHSA reports that DoD is currently moving most of the supplies in and out of the Caribbean, and



there are opportunities to add things to shipments. Terri Spear will reach out once she finds who to contact regarding transporting supplies through DoD.

Informational: Status Update – HHS Supporting Operating and Staff Divisions:

- <u>CDC</u> reported that TX and FL have moderate levels of standard public health recovery activities, including environmental health, water, safety, water quality, vector control, and epidemiology. They expect these missions to be active for some time to come. CDC shipped their first Federal Medical Station (FMS) to San Juan, PR September 26, 2017, and the second will arrive September 27, 2017. They are prepared to deploy additional FMS sets and strike teams as needed. CDC is currently supporting the response in VIPR, and is simultaneously preparing their standard recovery teams to be on the ground as early as possible.
- <u>FDA</u> reported they are continuing to assess FDA regulated firms in FL, GA, NC, SC, AL, TX, and LA. The posts in Houston, TX and Everglades, FL remain closed due to water damage. Estimated time for mold abatement at the Houston post is 1-1.5 months. FDA is currently focused on response efforts in PR.
- CMS reported that they have approved many flexibilities and waivers as a result of Harvey and Irma, particularly 1135 Waivers which waive administrative requirements so that healthcare providers can continue to provide services. CMS will continue to approve waivers as they arise and when they are no longer needed will work with facilities to return them to steady state. All PHE declarations, waivers, and program guidance is posted on the www.cms.gov/emergency webpage. CMS anticipates that dialysis patients impacted by Maria will continue to be a focus during recovery. Healthcare facilities in VIPR have been heavily impacted, and have power outages, fuel issues, and a host of other issues that may prohibit returning to service for dialysis patients. There are also issues with transportation and fuel for healthcare workers to get to their places of employment. CMS is currently putting together a summary chart that will provide of a synopsis of approved and pending waivers. CMS will pass along once it is completed.
- <u>ACF</u> reported they will be participating in a landscape assessment for Behavioral Health, Public Health, and Environmental Health. They are focused on schools and behavioral health for children, and are engaged with state and federal partners.
- <u>SAMHSA</u> reported that they are currently providing technical assistance to impacted areas for the CCP. The Immediate Services CCP grant has been awarded to the state of TX, and a SAMHSA representative is at the JFO in Austin.
- IHS reported no shortfalls or unmet needs, they continue to monitor their POCs and reps across the country. IHS suggested that given the lack of communication capabilities in PR currently, the Joint Information Center reach out to DoD and request a military information support team that has loud speaker and print capabilities.



- HRSA is continuing to support community based service delivery grantees and program
 participants in impacted areas, as well as have a field representative on the HSS RSF
 team. They are gaining situational awareness in FL where a number of health and
 service delivery centers remain closed. Mr. Barnes suggested that as HRSA clinics come
 back online, there is an opportunity to coordinate with NIEHS and CDC to push
 environmental health information to clinics reopening post-disaster.
- <u>ACL</u> is currently working on two state programs and supplying funds for shelf stable meals and supplies, transportation, and staff overtime. Updates will be forthcoming once plans are finalized. ACL is eager to assist.
- NIH reported working with locals in the Houston area, including volunteers and day laborers, and educating them on environmental health concerns and distributing PPE. NIH has individuals at the JFO in Austin. They continue to do outreach in the impacted communities, and are looking for simple, clear language for outreach materials. A Disaster Research Center has been established at Texas A&M. Coordinating with NSF, NIST, and DHS grantees to compile assets and capabilities and leverage those for recovery. In FL NIH has conducted outreach with local groups as well as grantees in the Ft. Lauderdale area. The NIH National Library of Medicine has activated the emergency access initiative that allows for free access to journals and academic publications that would normally require a paid subscription. Access is available to anyone in the U.S. (including the territories) and may be useful for field staff.
- OASH reported maintaining situational awareness and requested that agencies remain flexible in granting support for PHS Officers to deploy for response and recovery efforts.
- <u>ASPR ABC</u> reported that the Children with Special Healthcare Needs and Preparedness for Pregnant Women Workgroups have reconvened. An interagency coordinating council for people with disabilities will start convening this week.

Informational: Status Update - Interagency Partners:

- <u>USDA</u> reported ongoing operations in TX and operations beginning September 27, 2017 in FL. USDA has approved waivers and flexibilities in WIC, Child Nutrition, and SNAP programs. They are currently working to fill a request from FEMA for infant formula and baby food to supplement the infant kits already in VIPR however are experiencing difficulties with transporting the refrigerated product to PR.
- Department of Education reported that most schools in TX are open and operating. The primary concerns are the social, emotional, and behavioral needs of students and staff. ED has developed a train-the-trainer program (Resilient Strategies for Educators) that they hope to roll out in TX. ED would like to coordinate a small interagency meeting to assess the resources that are currently available to schools. ED has convened a group to support students with disabilities, and have a number of resources available for students. They wish to coordinate with SAMHSA, HRSA, and others to produce an outline of support materials and plans for immediate and long term recovery.



- <u>DHS CRCL</u> reported that they are engaged in activities with NGOs, particularly advocacy groups for people with disabilities. CRCL is currently working within DHS and with federal partners to monitor for any civil rights issues that may arise.
- <u>DOI</u> reported that they are currently monitoring and will be available to provide expertise and information for VIPR as needed.
- <u>DOL</u> reported that they continue to have OSHA Region 6 staff at the JFO in Austin. They
 have updated their Worker Safety and Health Resource List (originally developed August
 31) with new resources based on partner recommendations. Please distribute and share
 this resource widely.
- <u>EPA</u> reported that they are primarily in response mode for Maria impacted areas, granting fuel waivers, and conducting rapid assessments of drinking and wastewater facilities. EPA has identified a recovery lead for each region, and will pass along the contact information. EPA is discussing a Region 6 Recovery Mission Assignment for TX.
- <u>DOT</u> reported that there is a transportation nexus to a lot of what is going on in VIPR.
 DOT's current push is to return grid power to hospitals and other life safety utilities.
 DOT reports that moving supplies/transportation within PR is an issue, as is airport congestion and port backup in VIPR.
- <u>Treasury</u> reported they are in talks with FEMA regarding access to cash in VIPR.
 Anticipate that PR will be a cash economy for a number of months, and need to ensure cash flow is able to get into PR to be provided to financial institutions. Assessing if ATMs can be stood up at Disaster Recovery Centers.

Summary

Mr. Barnes noted that Louisiana has volunteered to share lessons learned from their recent disaster recovery operations. ASPR TRACIE will be hosting an information session with LA focused on health and social services recovery issues, including education. Details will be disseminated to the HSS RSF Coordination Committee once more information is available. Once received, please share widely with your agency partners and stakeholders.

Action Items

Mr. Barnes wrapped up the meeting with the following reminders:

- 1. If you have not done so, please send an email to HSS-Recovery-Coordination@hhs.gov with the regional field level recovery contact for each agency. Please send a contact for both Texas and Florida.
- 2. Submit the HSS Quad Chart by COB Friday for input specific to Texas, Florida, and VIPR on their respective MAX.gov pages (https://community.max.gov/x/pQdqQQ).
- 3. Send all helpful links, information, or resources that your agency has developed to HSS-Recovery-Coordination@hhs.gov and they will be disseminated to the group.



Attachments:

- 1. Link to the NIH National Library of Medicine Emergency Access Initiative https://eai.nlm.nih.gov/docs/captcha/test.pl?url
- 2. Updated OSHA Worker Safety and Health Resource List
- 3. Needed Field POCs for Texas and Florida
- 4. Texas Recovery Issue Stoplight Tracker

Next meeting

The date of the next meeting will be October 3, 2017 at 1:00 PM ET

Call-in Information: 888-576-3153 Passcode: (b)(6)



HSS RSF Supporting Agencies

Agency	Present
Administration for Children and Families	Х
Administration for Community Living	Х
American Red Cross	
Assistant Secretary for Administration	
ASPR Public Affairs Office	
Assistant Secretary for Preparedness and Response	X
Centers for Disease Control and Prevention	Х
Centers for Medicare and Medicaid Services	X
Corporation for National and Community Service	
Departmental of Agriculture	Х
Department of Education	X
Department of Homeland Security – FEMA	
Department of Homeland Security - NPPD	
Department of Homeland Security - CRCL	X
Department of Housing and Urban Development	
Department of the Interior	X
Department of Justice	X
Department of Labor	X
Department of Transportation	X
Department of the Treasury	X
Environmental Protection Agency	X
Food and Drug Administration	X
Health Resources and Services Administration	X
Indian Health Service	X
National Institutes of Health	X
National Voluntary Organizations Active in Disaster	
Office of the Assistant Secretary for Health	X
Small Business Administration	
Substance Abuse and Mental Health Services Administration	Х
Veterans Affairs	







Recovery Leadership Task Force Senior Leader Meeting

Meeting Summary

September 29, 2017

Purpose

This document summarizes the discussion, presentation, decisions, and action items from the September 29, 2017 meeting of the Harvey Recovery Leadership Task Force. This summary will not be a verbatim record of the meeting proceedings.

Welcome and Introductions

Ms. Fantinato (ASPR/OEM) welcomed attendees and took attendance.

Briefing

Informational: Operational Update: Josh Barnes (ASPR/OEM) highlighted the designation memos included as read-aheads for the meeting which outline the roles and responsibilities of the field and national coordinators. Mr. Barnes explained that the leadership designation memos for both field coordinators in Texas and Florida are intended to make clear the roles and responsibilities in the field. Mr. Barnes also mentioned the work with ASA to adequately place those who volunteered across the Department to ensure that staff deployed to a role that maximizes their strengths and abilities.

Mr. Barnes informed the group about the Health and Social Services Recovery Support Function (HSS RSF) weekly interagency calls that include all 17 departments and agencies. He stated that the issues across health and social services are bigger than just HHS and interagency coordination is a must to leverage all capabilities to effectively address the issues of survivors.

Mr. Barnes introduced the MAX.gov webpages that were developed to assist in information management. The pages will serves as a centralized location for situational reports, quad chart updates, and other information, organized by geography (Harvey-TX, Irma-FL, Irma/Maria-VIPR).

Ms. Fantinato reviewed the first Recovery Senior Leadership Brief (SLB) that was sent out to the group. She informed the group that the SLB for Recovery will be submitted twice a week (Tuesday and Friday). The information included in the SLB will be a high level snapshot of information derived from the quad charts and stoplight tracker.

Mr. Barnes urged the group to continue reporting into the EM Portal; however, once each stakeholder is no longer reporting into the EM Portal on response issues, they should start to submit web-based Recovery Quad Charts that can be accessed through the MAX.gov HSS RSF page.



Informational: Situational Update: Mr. Barnes introduced the site assessments that the field staff are doing across all coastal counties in Texas. The team is visiting facilities and surveying recovery issues and needs. Mr. Barnes shared some photos from the field, including those highlighting environmental concerns in disaster recovery centers, public health concerns, and access to care in rural areas. He also noted that public health facilities are reporting an 18% increase in chronic illnesses, citing that the trauma of the disaster is exacerbating health problems. These health concerns, including behavioral health issues, will likely be continued to extend into schools as children are greatly affected. Mr. Barnes emphasized that these issues are highly interconnected and necessitate department and agencies push beyond the normal lanes of business to ensure the outcome of their intended mission is being fulfilled on the ground. He added that given the complexity of these issues, the burden for navigating these issues should rest on the federal government and not the survivors.

Mr. Ed Gabriel (ASPR) emphasized that the entire recovery team, field and headquarters staff, should pace themselves moving forward. He emphasized how important it is to continue our coordinated efforts for the survivors. Mr. Gabriel reminded the group that many impacted communities do not know what to ask for or sometimes identify what is wrong. The Recovery Task Force must continue to think of creative ways to identify and link our issues together to share ideas. The objective is to empower the community to lead their own recovery which will lead to resilience long term.

Informational: Field Update: CDR Betty Hastings (ASPR/OEM) thanked everyone for sending amazing experts for the field HSS RSF team.

- The team is working quickly to identify needs in most impacted areas, especially among coastal counties.
- The team has triaged the counties based on approximately 20 critical data points.
- Jefferson County and Orange County are counties to visit next.
- Going to assess the next tier of triage to see who they can partner with.
- Environmental Health, Healthcare Systems, and Public Health SMEs are the first vehicle, Social Service, and Children in Schools will be the second vehicle.
- There is a shortage of baby formula and diapers, hygiene kits, and feminine hygiene products. Reminded stakeholders to not send powdered formula, it may be mixed with contaminated water

Updates Provided by Attendees

- ASPR
 - Convened subcommittees for People with Disability and Access to Functional Needs.
 - Publishing best practices on case management to relieve the burden of survivors.
 - The work group on Pregnant Woman and Women with Infants are partnering with CDC to use Text-4-Babes messaging to remind mothers of vaccinations.
 - The Children with Special Needs Workgroup is pulling together resources to assist families with critical needs and will work with the local health department in developing materials.

SAMHSA

 SAMHSA provided abbreviated psychological first aid training to all of the staff in the JFO and branch offices



ONC

 Continue to coordinate among prescription history and the ability to access that, trying to pull together all scripts from Dr. First (important for PR), continue the work of trying to get syndromic information from TX and FL expedited in a way that has been problematic to date

OCR

- Based on requests from regional offices in Dallas and NY, have translated materials on
 HIPAA policies and civil rights, and are translating pertinent information into Spanish
- Continuing to participate in interagency efforts to address disability civil rights impacts
 - Getting reports of service animals being denied in shelters, joint effort of DHS,
 FEMA, DOJ to post information item under rumor control to address the issue

OASH

- OASH has had several requests to regional offices seeking permission to temporarily reassign staff working on the ground whose offices are non-operational
 - Both FL and at least 1 of the Region II grantees is getting their stuff ready for submission
 - Ms. Fantinato: For any grant that goes out to the state from HHS, if a PH emergency is declared, the state is able to request the people funded through that grant be temporarily reassigned to assist with response:
 https://www.phe.gov/Preparedness/legal/pahpa/section201/Pages/default.asp
 x

NIH

- Starting to obtain more serious information about research projects and materials that are being destroyed as a result of staff not being able to access facilities or tests
- Expecting requests for supplements for equipment that was destroyed
- If anyone knows of these research programs that are impacted, please pass along to NIH so they can help the grantees
- Still haven't heard from many FL research centers

<u>IEA</u>

Focusing on recovery for USVI as well as the dialysis patients evacuated to Atlanta, working with dialysis task force team

CMS

- Continuing to provide flexibilities and waiver information and posting to the website
- o Heavily involved in PR dialysis situation

ASA

- o Requests for nurses and counselors for Orlando, looking to fill
- Hepatitis A& B as well as Typhoid vaccination requests for those who will be deploying to VIPR
- \$2.27 billion grant dollars has been designated

ACL

- o Lack of communication with PR and USVI is of concern for vulnerable populations
- AAA is still non-operational, to work with IRCT

ACF

- Continued Immediate Disaster Case Management (IDCM) in TX
- Looking at deploying IDCM in FL
- Working with programs to assess damages to see what waivers and grants they can provide to help them rebuild
- Staff deployed to all impacted areas



 All hands on-deck approach, fully engaged in PR with the Human Services side of things as well as supporting the Dialysis Patient Task Force

In closing, Mr. Barnes thanked all of the Task Force members for joining the recovery team. He requested that as new resources and authorities become available, the task force should keep the end user in mind. Mr. Gabriel and Ms. Fantinato also thanked everyone for their participation and sharing information to assist in the coordination.

Action Items

- 1. Please send an email to HSS-Recovery-Coordination@hhs.gov with the primary contact/representative for each agency participating in the task force.
- 2. Please send any feedback from the last SLB to HSS-Recovery-Coordination@hhs.gov.
- 3. Send any OPDIV/STAFFDIV activities and support actions for Harvey recovery to HSS-Recovery-Coordination@hhs.gov to update the tracker.
- 4. Updated Quad Charts for Texas and Florida will be published on Tuesdays
- 5. Please provide programmatic updates to the Interagency Quad chart to HSS-Recovery-coordination@hhs.gov weekly as requested.
- 6. Please complete the HSS Quad Chart by COB each Friday. The link to the Quad Chart is available on the HSS RSF MAX.gov webpage: https://community.max.gov/x/pQdqQQ

Next meeting

The date of the next meeting will be October 6, 2017 from 10-11AM ET.



HHS OPDIVS and STAFFDIVs Represented

OPDIV/STAFFDIV	Present
Administration for Children and Families	X
Administration for Community Living	X
Agency for Healthcare Research and Quality	X
Assistant Secretary for Administration	X
Assistant Secretary for Financial Resources	
Assistant Secretary for Legislation	X
Assistant Secretary for Planning and Evaluation	X
Assistant Secretary for Preparedness and Response	X
Assistant Secretary for Public Affairs	
Centers for Disease Control and Prevention	
Centers for Medicare and Medicaid Services	X
Departmental Appeals Board	
Food and Drug Administration	
Health Resources and Services Administration	X
Immediate Office of the Secretary	X
Indian Health Service	X
Intragovernmental and External Affairs	X
National Institutes of Health	X
Office of the Assistant Secretary for Health	X
Office of Civil Rights	X
Office of the General Counsel	X
Office of Global Affairs	
Office of the Inspector General	Х
Office Medicare Hearings and Appeals	
Office of the National Coordinator for Health Information	X
Technology	
Substance Abuse and Mental Health Services Administration	X



From: OS Secretarys Operations Center

Sent: 5 Oct 2017 11:05:48 +0000

To: OS Secretarys Operations Center

Subject: RE: HHS Executive Summary: 05Oct17

Attachments: HHS FDA Report for 4 October 2017.pdf, National+SITREP+10-05-2017.pdf, CDC

Daily Report 2017-10-04.pdf

HHS Executive Summary: Thursday, 05Oct17

1. HHS:

Today's Noteworthy Topics:

Irma/Maria, Atlantic Response

HHS currently has 568 personnel deployed in support of the Irma/Maria response in U.S. Virgins Islands (USVI) and Puerto Rico (PR). EMG Recovery is reporting that of the 48 dialysis centers in PR, 44 are fully operational, two are on altered schedules, and two (FMC Canovanas and Atlantis Carolina) are down for mid-to-long term repairs. Teams to assess status of nursing homes and assisted living facilities. Twenty-nine patients transferred from Ryder Hospital at Humacao to the USNS Comfort on 04OCT17 due to generator failure. Healthcare Ready has developed a list of medicines and medical supplies needed at hospitals and clinics in PR. The organization will begin reaching out to private sector and NGO partners to fulfill those needs. For further details on HHS response efforts see the SITREP located on the EMPortal.

Tropical Depression Sixteen

At 0500 ET, Tropical Depression Sixteen was located 50 miles south of Puerto Cabezas, Nicaragua with maximum sustained winds of 35 mph. The depression is moving toward the northwest near 7 mph, and should move across the northwestern Caribbean Sea Thursday night and Friday, with the center expected to approach the Yucatan peninsula late Friday. The depression could strengthen to a Tropical Storm before it moves inland over northeastern Nicaragua today. Strengthening is forecast over the Gulf of Mexico and the system could affect portions of the northern Gulf Coast as a hurricane this weekend. Residents along the Gulf Coast from Louisiana through the Florida Panhandle should monitor the progress of this system.

Daily Operational Schedule:

0700 - Irma - EMG Shift Change Brief

0730 - Senior Leadership Brief to Acting S1

0830 - FEMA Daily Operations Briefing

0900 - Tropical Depression Sixteen Discussion

1100 - Public Health and Medical Services Call

1230 – FEMA Interagency VTC – Irma & Maria

1400 - Mass Violence Behavioral Health CONCALL

1830 - Senior Leadership Brief to Acting S1

1900 – Irma – EMG Shift Change Brief

Public Health Emergency of National Significance: Puerto Rico (Maria): signed 17Sep17; Puerto Rico & U.S. Virgin Islands (Irma): signed 06Sep17; Florida: signed 07Sep17, with retroactive effect to 04Sep17; South Carolina: signed 08Sep17, with retroactive effect to 06Sep17; Georgia: signed 08Sep17, with retroactive effect to 07Sep17;



Louisiana: signed 28Aug17, with retroactive effect to 27Aug17; Texas: signed 26Aug17, with retroactive effect to 25Aug17.

HHS Response Status Summary:

HHS SOC: Level I (2017 Irma/Maria), Level III (2017 Heightened State of Vigilance, 2016 Major Flooding Louisiana, 2017 Harvey Recovery TX, 2017 Mass Shooting Las Vegas, 2017

UNGA), Level IV (2016 Matthew Recovery NC, Nate Caribbean)

CDC EOC: Level III (Harvey, Irma/Maria, Polio)

FDA EOC: Level I (Harvey, Irma)

Emergency Support Function (ESF) Activation:

ESF - 6: Activated (2017 Irma/Maria) **ESF - 8:** Activated (2017 Irma/Maria)

Recovery Support Function (RSF) Activation:

H&SS RSF: Activated Region 6 (2016 Major Flooding, LA, renewed 20Jul17 for a projected end date of 31Oct17; 2017 Harvey, TX for projected end date of 30Sep17); Activated Region 4 (2016 Matthew, NC for a projected end date of 30Sep17; 2017 Irma, FL for a projected end date of 14Dec17)

HHS Deployments: (Total = 606 personnel)

ASPR: 588- (20) 2017 Harvey, (568) 2017 Irma/Maria **CDC: 18** - (3) Polio, (13) EPI-Aid, (2) FEMA Surge Capacity

New Mission Assignments: NSTR

Active Situations (11)

- Zika Virus
- Heightened State of Vigilance
- Major Flooding Recovery, Louisiana
- Avian Influenza A (H7N9)
- Tropical Weather Season
- United Nations General Assembly
- Harvey Recovery, Texas
- Irma/Maria, Atlantic
- Matthew Recovery, North Carolina
- Mass Shooting, Las Vegas, NV
- · Nate, Caribbean

U.S. International Health Regulation National Focal Point Status: NSTR

2. FEMA:

Interagency Response Status Summary:

NWC: Steady State NRCC: Level I (24/7)

National IMATs: National East 1, Deployed; National East 2, Deployed; National West,

Deployed



Regional IMATs: Region I, FL; Region II, USVI; Region III, PR; Region IV-1, FL; Region IV-2, GA; Region V, TX; Region VI-1, TX; Region VI-2, TX; Region VII, TX; Region VIII, TX; Region IX-2, CA; Region X-USVI

Significant Weather:

Flash Flooding possible for portions of the Central Plains, Middle Mississippi Valley, the Great Lakes, and the east coast of Florida.

Tropical Activity:

Atlantic:

Tropical Depression Sixteen: See Noteworthy Section above.

Disturbance 1

A broad area of disorganized showers and thunderstorms across southern Florida, the northwestern and central Bahamas, central Cuba, and the adjacent Atlantic waters. Heavy rainfall, coastal flooding, and strong gusty winds likely over portions of the Bahamas and Florida during the next couple of days. Formation chance through 48 hours: Low (near 0%). Formation chance through 5 days: Low (near 0%).

Eastern Pacific:

Tropical Depression Ramon Located 195 miles SW of Acapulco, Mexico. Moving W at 12 mph. Expected to dissipate within the next 24 hours.

3. OPDIV/STAFFDIV Overnight Reports:

CDC:

Chikungunya Fever – Italy – Update

Push Packages & FMS Status:

- 12 of 12 Push Packages are deployable
- 25 (250 Bed) FMS sets are deployable
- 4 (250 Bed) FMS are deployable to Puerto Rico
- 1 (250 Bed) FMS set is set up in Puerto Rico
- 10 (50 Bed) FMS sets are deployable

FDA:

Salmonella Infantis/Produce (Suspect)/ML/Aug 2017

Prepared By:

Mission Coordination Branch

Operations Officer U.S. Department of Health and Human Services (HHS) Assistant Secretary for Preparedness and Response (ASPR) Office of Emergency Management (OEM) Operations Mission Coordination Branch



200 Independence Ave S.W. Washington D.C. 20201 Office: (202) 619 - 7800

Fax: (202) 619 - 8602 Email: <u>hhs.soc@hhs.gov</u>



CONFIDENTIALITY NOTICE: This e-mail communication and any attachments may contain confidential and privileged information for the use of the designated recipients. If you are not the intended recipient, (or authorized to receive for the recipient) you are hereby notified that you have received this communication in error and that any review, disclosure, dissemination, distribution or copying of it or its contents is prohibited. If you have received this communication in error, please destroy all copies of this communication and any attachments and contact the sender by reply e-mail or telephone (202-619-7800).



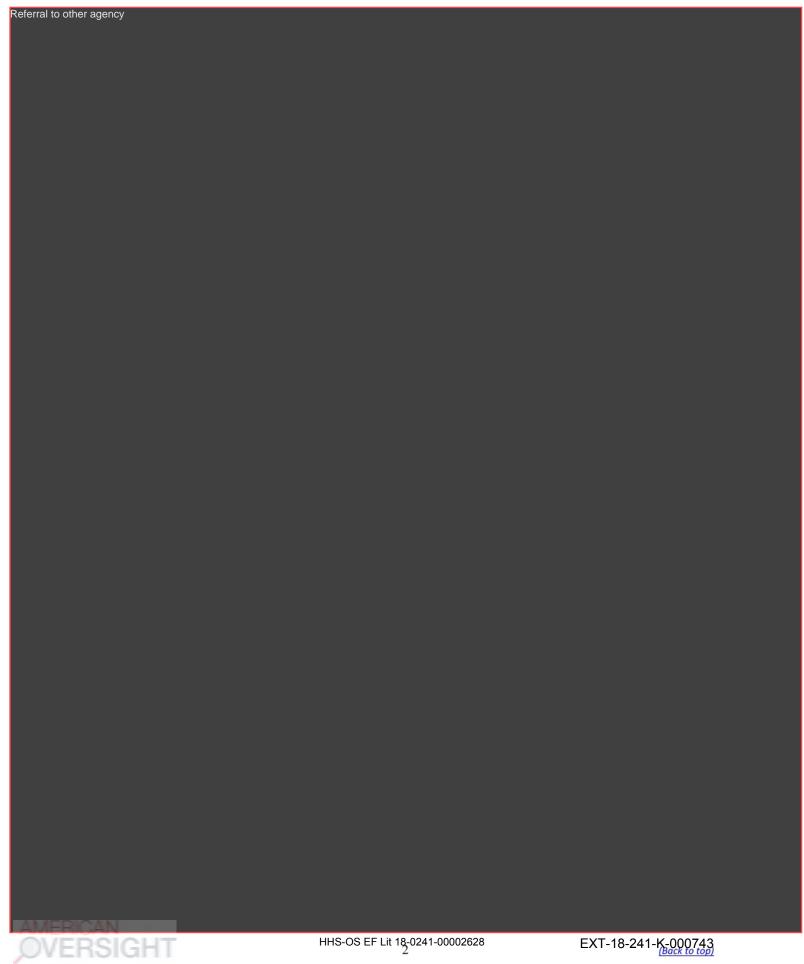




(4 pages - FEMA records)



















CDC Daily Report: As of 7:00a.m. EDT, Wednesday, October 4, 2017

SIGNIFICANT EVENTS:

- Hurricane Irma/Maria:
 - FEMA:
 - o NRCC: Level I (24/7).
 - State/Territory Activities:
 - o PR and USVI EOCs at Full Activation.
 - FL EOC at Partial Activation.

RESPONSE STATUS:

CDC EOC: Hurricane Harvey/Irma/Maria (Level III), Polio (Level III)

CDC DEPLOYMENTS

- Hurricane Harvey/Irma/Maria (47)
- FEMA Surge Capacity (2)
- Polio (3)
- EPI Aid (13)

(Total Personnel: 65)

SIGNIFICANT WEATHER:

• Eastern North Pacific: As of 7:00a.m. EDT, <u>Tropical Storm Ramon</u> was located 100 miles SSE of Puerto Angel, Mexico moving west at 9 mph with maximum sustained winds at 45 mph. TS Ramon is expected to move parallel to but remain offshore of the coast of southern Mexico TS Ramon is expected to produce rainfall amounts of 2 to 4 inches with isolated maximum amounts of 6 inches over the Mexican states of Oaxaca and coastal Guerrero through Thursday. Heavy rainfall is possible along the coast of southern Mexico during the next day or so. (*NHC*)

PROGRAM UPDATES:

- GLOBAL DISEASE DETECTION OPERATIONS CENTER (GDDOC):
 - Chikungunya Fever Italy Update to GDDOC report dated September 26, 2017
 - Source: CDC Programs: NCEZID/DVBD/ADB; European CDC; Ministry of Health: Italy, MoH
 - As of 26 September, Italian health officials have announced a total of 186 cases from or with epidemiological linkage (3 cases) to Lazio Region. The number of cases who were hospitalized was 26 (14%); no deaths have been reported; 91 (49%) were reported in males. Of the 186 cases, 112 cases were confirmed,



- including the three cases with linkage to Anzio in Lazio Region, reported by regions of Emilia-Romagna (1), Marche (1); and France (1). This is an increase of one additional confirmed case since data as of 21 September.
- Information dated 29 September, released by the Calabria Regional health authorities, indicated that six cases were detected in Guardavalle Marina. Guardavalle is a town in the Province of Catanzaro in the Calabria Region of Italy, approximately 664 km south of the town of Anzio. Response activities are ongoing, including vector control efforts. Blood donation has been suspended from residents in the Municipality of Guardavalle, as well as for 28 days from persons who have traveled to Guardaville. Additional details are pending.
- o ECDC has reported that phylogenetic analysis of isolates obtained from *Ae. albopictus* mosquitoes and patients in Lazio Region, showed that the viral strain involved in the current Italian outbreak is one very close to the East/Central/South African (ECSA) strain involved in the ongoing epidemic in Pakistan. Although this virus is not carrying the A226V mutation, which has been involved in the increased susceptibility of *Ae. albopictus* for infection and transmission of CHIKV, it is possible other yet undefined mutations might be responsible for the vector competence of *Ae. albopictus*, allowing it to sustain the present outbreak. The fact that CHIKV RNA was found in a small size mosquito pool, suggests a high level of virus circulation in the area.
- o Prevention and control measures, including vector control activities in affected areas in Italy are ongoing. The location of the current cases in Italy includes the highly touristic greater metropolitan area of Rome. *Aedes albopictus* (one of the known vectors for chikungunya) is endemic throughout Italy and throughout the Mediterranean basin. Given these factors, there is a risk for international spread via returning viremic travelers to neighboring countries with established populations of *Aedes albopictus*, and potentially to non-neighboring countries with either *Aedes albopictus* or *Aedes aegypti*.
- In 2007, transmission was reported for the first time in Europe, in the Emilia Romagna region of northeastern Italy, demonstrating that mosquito-borne outbreaks by *Aedes albopictus* were possible in Europe. In addition to the ongoing outbreak in Italy, the Var Department of southeastern France, is also currently monitoring two clusters of chikungunya.

RESOURCE STATUS:

- Push Packages & FMS Status
 - 12 of 12 Push Packages are deployable
 - 25 (250 Bed) FMS sets are deployable
 - 4 (250 Bed) FMS deployed to Puerto Rico
 - 1 (250 Bed) FMS set is set up in Puerto Rico
 - 10 (50 Bed) FMS sets are deployable

MEDIA REPORTS SUMMARY:



PROTECT YOURSELF AGAINST FLU, EXPERTS URGE

https://www.webmd.boots.com/cold-and-flu/news/20171002/protect-yourself-against-flu-experts-urge

Getting vaccinated against flu this year can help many people avoid a dangerous illness, say health experts. The Beat Flu campaign, led by Public Health Wales, encourages those most at risk to get a flu jab to help them stay well over the autumn and winter. People aged 65 and over, pregnant women and those with certain chronic long term health conditions are eligible for a free NHS vaccination. Rebecca Evans, the public health minister for Wales, has launched the campaign at Penywaun primary school in Aberdare, and says: "Influenza can be a life-threatening illness for people who are at risk due to their age, an underlying health problem, or because they are pregnant. Sadly, influenza kills people in Wales every year. "Influenza spreads very easily.

• NIH PLANS STUDY ON NEWBORNS AFFECTED BY OPIOID EPIDEMIC

https://www.upi.com/Health_News/2017/10/02/NIH-plans-study-on-newborns-affected-by-opioid-epidemic/3331506971919/

The National Institutes of Health is planning a new study to analyze treatment options for newborns with opioid withdrawal syndrome. Prescriptions for opioids has quadrupled since 1999 in the U.S. with more women of reproductive-age at risk for developing opioid use disorder. The Centers for Disease Control and Prevention reports that the incidence of neonatal abstinence syndrome increased to 6 per 1,000 hospital births in 2013, up from 1.5 per 1,000 in 1999. Healthcare providers in the U.S. currently lack standard, evidence-based treatments for neonatal opioid withdrawal syndrome.

NUMBER OF MOSQUITOES THAT TEST POSITIVE FOR WEST NILE VIRUS IN MASSACHUSETTS ROSE THIS YEAR, HEALTH OFFICIALS SAY

According to Massachusetts public health officials, the number of mosquitoes that have tested positive for West Nile virus is up to 289 samples this year from 189 samples in 2016, which has "caused the Department of Public Health to raise the risk level for the virus from low to moderate in several counties across the state," the Boston Globe reports.

UNVACCINATED PEOPLE MAY BE THE CAUSE OF INCREASE IN MEASLES OUTBREAKS IN US, STUDY SUGGESTS

In "To Your Health," the <u>Washington Post</u>. Reports unvaccinated people "are the most likely reason for the steady increase in the rate of measles and major outbreaks in the United States," according to a study conducted by the Centers for Disease Control and Prevention that was published in Journal of the American Medical Association. Nakia Clemmons, a CDC epidemiologist, said the research suggests that some communities in the U.S. with large numbers of unvaccinated people may be at increased risk for outbreaks.

EOC 24 HOUR CALL DATA:



Category	Total Count
Administrative	13
AIDS - HIV	1
Crank Caller	1
DGMQ - QPHO	6
E. coli - Foodborne	1
HBAT	1
HPV - Human Papillomavirus	1
Malaria	3
NOC - DHS: Secure Ops Center	3
Other	9
Parasitic Disease (non-malarial)	1
Poison Control	2
Tuberculosis	2
Vaccine Safety Questions	2
Valley Fever - coccidiomycosis	1
Wound Botulism	1

Total 48



From: Barnes, Joshua (OS/ASPR/OEM) Sent: 5 Sep 2017 22:17:24 +0000

Boyce, Don (OS/ASPR/OEM); HSS Recovery Coordination

(OS/ASPR);Bond, Elaine (DOI.GOV);McAtamney, James;Matthews, Denise (DOL.GOV);Wheeler,

Young (DOL.GOV); Holland, Rena (HUD.GOV); OS Valliere, John; Mahany, Mollie (CDC/ONDIEH/NCEH); Malilay, Josephine (CDC/ONDIEH/NCEH); McBreairty, Susan J.

(ATSDR/OCOM);greg@nvoad.org;Hastings, Elizabeth (OS/ASPR/OEM);Remington, James W (NIH/NIEHS) [E];judith.mitrani-reiser@nist.gov;Madeline.Sullivan@ed.gov;Andrew W Hait

(CENSUS/ITMD FED); David. Esquith@ed.gov; RICE, ROBIN L.

Hui;Burrer, Sherry L. (CDC/NIOSH/OD);Curran,

(CMS/CQISCO);Debbie.l.Key@hud.gov;gil.jamieson@j-mglobal.com;Ball, Harvey (ACF);Lowe, Lynda (Federal); Parsons, Brian S; Chase, Jabal L. (CMS/CQISCO); Mark Fleming (Mark_J_Fleming(b)(6) Stephen Wade;Bennett, April (NIH/NIEHS) [C];Kwong

Ben; Mark. Smith@redcross.org; harvey.johnson@redcross.org; cstover@cns.gov; kdegraff@cns.g ov;brian.parsons@dhs.gov;margaret.schaefer@HQ.DHS.GOV;Rebekah.Tosado@hq.dhs.gov;sara h.gambill@hq.dhs.gov;stephen.cauffman@nist.gov;George.O.Walker@census.gov;jason_marin eau@ios.doi.gov;eric.north@bie.edu;patrick.vacha@bia.gov;sid.caesar@bia.gov;selin.cherianrivers@usdoj.gov;daria.neal@usdoj.gov;alex.appel@dot.gov;Ken.Lord@dot.gov;goldbloomhelzner.david@epa.gov;ferris.john@epa.gov;Peitzman, Matthew (OS/ASPR/OEM);Arnesen, Stacey (NIH/NLM) [E]; Pietz, Harald (CDC/OPHPR/DSLR); Jones, Wanda K.

(DHHS/OS/OASH); Riggen, Trevor; Andrews, Sean (OS/ASPR/OPP); Bruno, Patricia (OS/ASPR/OEM);Hadzibegovic, Diana (OS/ASPR/OEM);RSFLG;Romano, Maria G -

APHIS;mickie@valenteadvisers.com;OS Secretarys Operations Center;mary.curry-ledbetter@jmglobal.com; Herron, Anne (SAMHSA/OPPI); Koziol, Lauralee; Martinez, DeAndrea L.

(CDC/OPHPR/DSLR); Dowell, Chad

(CDC/NIOSH/OD); White. Sharon@epa.gov; christopher.b. smith@fema.dhs.gov; Mark. Millican@fe ma.dhs.gov;Zachary.Usher@fema.dhs.gov;Peerbolte, Stacy (OS/ASPR/OEM);Lamana, Joseph (OS/ASPR/OEM); Fantinato, Jessica (OS/ASPR/OEM); Vineyard, Michael

(OS/ASPR/OEM); Swanson, Lisa (ACF); Garza, Roberto (ACF); Logan, Robert D. (ACL); Grant, Natalie (OS/ASPR/OEM); Mason, Byron (OS/ASPR/OEM); Roach-Seymour, Sonia (OS/ASPR/OEM)

(CTR); Fischer, Rachel (OS/ASPR/OEM) (CTR); Kaul, Rachel (OS/ASPR/OPP); Mix, Aisha (OS/ASPR/OPP);Levine, Cheryl (OS/ASPR/OPP);Talbert, Todd (CDC/OPHPR/DSLR);Bryant, Jeffrey

(Jeff) (CDC/OPHPR/DEO); hpietz@cdc.gov; Weber, Angela (CDC/NIOSH/OD); Delaney, Lisa (CDC/NIOSH/OD);sburrer@cdc.gov;Funk, Renee (CDC/ONDIEH/NCEH);Dieser, Edward

(CDC/ONDIEH/NCEH); Fletcher, Christopher A. (CDC/ONDIEH/NCEH); Sheil, Jean K.

(CMS/CQISCO);Koerner, Harold (FDA/OC);Russo, Mark (FDA/OC);Nabakowski, Andrei

(FDA/OC); Mignone, Alfred (FDA/OC); Frasca, Dominic (FDA/OC); Lennon, Todd (HRSA); Jones, Christopher R. (IHS/HQ); Miller, Aubrey (NIH/NIEHS) [E]; Hughes, Chip (NIH/NIEHS) [E]; Field,

Sarah (DHHS/OS/OASH); Kelly, Nancy (SAMHSA); Spear, Terri

(SAMHSA/OPPI); Janet.M.Golrick@hud.gov; scott.canty@treasury.gov; Alton.Kimura@wdc.usda.g ov;Shirley.Stevenson@wdc.usda.gov;Deborah.Hill@dm.usda.gov;Cora.Russell@fns.usda.gov;Ste ve.Hortin@fns.usda.gov;Karen.Pulsifer@va.gov;Kliche, Todd (OS/ASPR/OEM);Leary, Adam (OS/ASPR/OEM); Grissom, Amy (ACF); Teuscher, David (HHS/IEA); Jones, Wanda K. (DHHS/OS/OASH)

Subject: Attachments:

RE: HSS Recovery Coordination Committee - Harvey Coordination Call FW: Health information for floods, chemical spills, and recovery, OSHA and Interagency Resources for Hurricanes and Floods - 2017-08-31.pdf, 2017 Harvey HSS-

RSF Quad Chart Input v2.docx, Harvey HSS RSF Meeting Summary 09.05.17.pdf, 20170904 - SVI



by County - ALL.zip

Good Afternoon,

Thank you for the productive discussion this afternoon! Attached are the notes from the meeting. If there are any inaccuracies in the notes, please let us know at hss-recovery-coordination@hhs.gov and we'll make the adjustments. In addition, our GIS team has prepared county-level maps of the Social Vulnerability Index for all declared counties, we've added those maps here too. If you're not familiar with the Social Vulnerability Index, more information can be found here: https://svi.cdc.gov/

Per our discussion, attached are:

- Notes from today's meeting
- OSHA's worker safety guidance
- · Resources highlighted by the National Library of Medicine
- Recovery Quad Chart to capture your agency's activities, issues, needs (please submit updates weekly).
- County-level SVI Maps









Joshua Barnes

Acting Director, Recovery Division, HHS/ASPR D: 202-260-6123 M:(b)(6)

----Original Appointment----

From: Barnes, Joshua (OS/ASPR/OEM) Sent: Tuesday, August 29, 2017 8:31 PM

To: Barnes, Joshua (OS/ASPR/OEM); Boyce, Don (OS/ASPR/OEM) (Don.Boyce@hhs.gov); HSS Recovery Coordination (OS/ASPR); Bond, Elaine (DOI.GOV); McAtamney, James; Matthews, Denise (DOL.GOV); Wheeler, Young (DOL.GOV); Holland, Rena (HUD.GOV); OS Valliere, John; Mollie Mahany (CDC/ONDIEH/NCEH) (heu0@cdc.gov); Malilay, Josephine (CDC/ONDIEH/NCEH); McBreairty, Susan J. (ATSDR/OCOM); greg@nvoad.org; Hastings, Elizabeth (OS/ASPR/OEM); Remington, James W (NIH/NIEHS) [E]; judith.mitrani-reiser@nist.gov; Madeline.Sullivan@ed.gov; Andrew W Hait (CENSUS/ITMD FED); David.Esquith@ed.gov; RICE, ROBIN L. (CMS/CQISCO); Debbie.l.Key@hud.gov; Gil Jamieson; Ball, Harvey (ACF); Lowe, Lynda (Federal); Parsons, Brian S; Chase, Jabal L. (CMS/CQISCO); Mark Fleming(b)(6) Stephen Wade; Bennett, April (NIH/NIEHS) [C]; Kwong Hui; Burrer, Sherry L. (CDC/NIOSH/OD); Curran, Ben; Mark.Smith@redcross.org; harvey.johnson@redcross.org; cstover@cns.gov; kdegraff@cns.gov; brian.parsons@dhs.gov; margaret.schaefer@HQ.DHS.GOV; Rebekah.Tosado@hq.dhs.gov; sarah.gambill@hq.dhs.gov; stephen.cauffman@nist.gov; George.O.Walker@census.gov; jason marineau@ios.doi.gov; eric.north@bie.edu; patrick.vacha@bia.gov; sid.caesar@bia.gov; selin.cherian-rivers@usdoj.gov; daria.neal@usdoj.gov; alex.appel@dot.gov; Ken.Lord@dot.gov; goldbloom-helzner.david@epa.gov; ferris.john@epa.gov; White.Sharon@epa.gov;



christopher.b.smith@fema.dhs.gov; Mark.Millican@fema.dhs.gov; Zachary.Usher@fema.dhs.gov; Peerbolte, Stacy (OS/ASPR/OEM); Lamana, Joseph (OS/ASPR/OEM); Fantinato, Jessica (OS/ASPR/OEM); Vineyard, Michael (OS/ASPR/OEM); Swanson, Lisa (ACF); Garza, Roberto (ACF); Logan, Robert D. (ACL); Grant, Natalie (OS/ASPR/OEM); Mason, Byron (OS/ASPR/OEM); Roach-Seymour, Sonia (OS/ASPR/OEM) (CTR); Fischer, Rachel (OS/ASPR/OEM) (CTR); Kaul, Rachel (OS/ASPR/OPP); Mix, Aisha (OS/ASPR/OPP); Levine, Cheryl (OS/ASPR/OPP); Talbert, Todd (CDC/OPHPR/DSLR); Bryant, Jeffrey (Jeff) (CDC/OPHPR/DEO); hpietz@cdc.gov; sgrosclose@cdc.gov; Weber, Angela (CDC/NIOSH/OD); Delaney, Lisa (CDC/NIOSH/OD); sburrer@cdc.gov; Funk, Renee (CDC/ONDIEH/NCEH); Dieser, Edward (CDC/ONDIEH/NCEH); Fletcher, Christopher A. (CDC/ONDIEH/NCEH); Sheil, Jean K. (CMS/CQISCO); Koerner, Harold (FDA/OC); Russo, Mark (FDA/OC); Nabakowski, Andrei (FDA/OC); Mignone, Alfred (FDA/OC); Frasca, Dominic (FDA/OC); Lennon, Todd (HRSA); Jones, Christopher R. (IHS/HQ); Miller, Aubrey (NIH/NIEHS) [E]; Hughes, Chip (NIH/NIEHS) [E]; Field, Sarah (DHHS/OS/OASH); Kelly, Nancy (SAMHSA); Spear, Terri (SAMHSA/OPPI); Janet.M.Golrick@hud.gov; scott.canty@treasurv.gov; Alton.Kimura@wdc.usda.gov; Shirley.Stevenson@wdc.usda.gov; Deborah.Hill@dm.usda.gov; Cora.Russell@fns.usda.gov; Steve.Hortin@fns.usda.gov; Karen.Pulsifer@va.gov; Kliche, Todd (OS/ASPR/OEM); Leary, Adam (OS/ASPR/OEM); Grissom, Amy (ACF)

Cc: Peitzman, Matthew (OS/ASPR/OEM); Arnesen, Stacey (NIH/NLM) [E]; Pietz, Harald (CDC/OPHPR/DSLR); Jones, Wanda K. (DHHS/OS/OASH); Riggen, Trevor; Andrews, Sean (OS/ASPR/OPP); Bruno, Patricia (OS/ASPR/OEM); Hadzibegovic, Diana (OS/ASPR/OEM); RSFLG; Romano, Maria G - APHIS; mickie@valenteadvisers.com; OS Secretarys Operations Center; Mary.curryledbetter@j-mglobal.com; Herron, Anne (SAMHSA/OPPI); Koziol, Lauralee; Martinez, DeAndrea L. (CDC/OPHPR/DSLR); Dowell, Chad (CDC/NIOSH/OD)

Subject: HSS Recovery Coordination Committee - Harvey Coordination Call

When: Tuesday, September 05, 2017 1:00 PM-2:30 PM (UTC-05:00) Eastern Time (US & Canada). **Where:** 888-576-3153 Passcode (b)(6)

SEE UPDATED DIAL-IN INFORMATION

Given the volume of partners - we're attaching an agency input template. We will request updates to this form on a weekly basis COB Fridays to support these weekly calls.

If you have not yet submitted your local/field POC for Texas-level RSF coordination please do so ASAP.

HHS HEALTH AND SOCIAL SERVICES (HSS) RECOVERY SUPPORT FUNCTION CONCALL: 2017 Harvey

EVENT/INCIDENT: 2017 Harvey

Date: 5Sep17 at 1300ET

Call in Number: 888-576-3153 (Domestic Callers)

Passcode: (b)(6)

Conference Call Instructions

- Please ensure your connection is ready 5 minutes before the start of the conference call.
- Please try to avoid use of cell phones if possible.
- Do not put your phone on hold during the conference call.
- Mute your phone when not speaking.
- I. Opening Comments and Update HSS RSF National Coordinator Josh Barnes

II. Update from HSS RSF Field Coordinator



III. Supporting Operating and Staff Divisions: Report ONLY shortfalls, deficiencies, concerns:

- PAO
- CDC
- FDA
- CMS
- ACF
- SAMHSA
- IHS
- HRSA
- ACL
- ASA
- OASH
- Other

IV. Interagency Partners: Report ONLY shortfalls, deficiencies, concerns:

- USDA
- VA
- Education
- CNCS
- DHS FEMA
- DHS- NPPD
- DHS-CRCL
- HUD
- DOI
- DOJ
- DOL
- EPA
- ARC
- DOT
- Treasury
- NVOAD
- SBA
- NSC
- Other

V. HHS Leadership - Jessica Fantinato

Operations Officer: The next call will be next Tuesday at 1PM. This concludes the Health and Social Services CONCALL



 From:
 Arnesen, Stacey (NIH/NLM) [E]

 Sent:
 5 Sep 2017 17:48:29 +0000

 To:
 Barnes, Joshua (OS/ASPR/OEM)

Subject: FW: Health information for floods, chemical spills, and recovery

Hi Josh,

We have sent 4 emails in response to Harvey. See below for the 4th email.

In addition, resources for recovery:

 Disaster recovery and environmental health: https://disasterinfo.nlm.nih.gov/enviro/disasterrecovery.html

- Coping with Disasters, Violence and Traumatic Events: https://disasterinfo.nlm.nih.gov/dimrc/coping.html
- Children in Disasters and Emergencies: https://disasterinfo.nlm.nih.gov/dimrc/children.html
- Pregnant women in Disasters and Emergencies: https://disasterinfo.nlm.nih.gov/dimrc/pregnantwomen.html
- Special Populations: Emergency and Disaster Preparedness: https://disasterinfo.nlm.nih.gov/outreach/specialpopulationsanddisasters.html
- NIH Disaster Research Response: https://dr2.nlm.nih.gov

Please let me know if you need additional info. Stacey

From: Taylor, Robin (NIH/NLM) [C]

Sent: Friday, September 01, 2017 4:27 PM

To: List DISASTR-OUTREACH-LIB < DISASTR-OUTREACH-LIB@LIST.NIH.GOV>

Subject: [DISASTR-OUTREACH-LIB] Health information for floods, chemical spills, and recovery

This is our fourth update on Hurricane Harvey. You can find the previous three updates in the <u>listserv</u> <u>archives</u>:

- Health Information for Hurricanes and Floods (8/24)
- More Health Information for Hurricanes and Floods (8/25)
- More Resources for Floods, Hurricanes, and Disaster Recovery (8/28)

~~~~~~

In addition to the record-breaking floods devastating coastal Texas, smoke was reported yesterday at the Arkema chemical plant in Crosby, Texas. The extent of the damage remains unclear, but the National Library of Medicine is collecting resources to support response and recovery.

In this email:

- Resources in Disaster Lit (updated daily)
- Floods Health Information Guide
- Tools for Responding to Chemical Spills



Tools for Cleanup and Recovery

#### Resources in Disaster Lit®

We have added several Harvey-specific resources to Disaster Lit:

https://disasterlit.nlm.nih.gov/search/?searchTerms=hurricane+harvey&search.x=0&search.y=0&search = Search

#### Resources from other major storms:

https://disasterlit.nlm.nih.gov/search/?searchTerms=hurricane+AND+%28katrina+OR+sandy+OR+harvey+OR+Rita+OR+Ike+OR+gustav%29&search.x=41&search.y=15&search=Search

#### Floods Health Information Guide

We have also recently updated our Floods health information guide with references from Disaster Lit and PubMed:

https://disasterinfo.nlm.nih.gov/dimrc/floods.html

Disaster Lit (reports, webinars, training materials, guidelines, etc.):

- Floods and health
- Mold
- Wound management
- Responder safety
- Sanitation and disease (flood-related)
- Coping with disasters

PubMed (journal articles):

- Floods and health
- Mold
- Wound management
- Responder safety
- Sanitation and disease (flood-related)
- Coping with disasters

#### Tools for Responding to Chemical Spills

The National Library of Medicine has tools to aid response to hazardous materials incidents:

WISER (<a href="https://www.wiser.nlm.nih.gov/">https://www.wiser.nlm.nih.gov/</a>): Includes substance identification support, physical characteristics, human health information, and containment and suppression advice. WISER is available for download as a standalone application on Microsoft Windows PCs; as an app for iOS and Android; and via web browsers on mobile devices and computers
 (<a href="https://wiser.nlm.nih.gov/choose\_platform.html">https://wiser.nlm.nih.gov/choose\_platform.html</a>). Incorporates data from CHEMM (below).



CHEMM (<a href="https://chemm.nlm.nih.gov/">https://chemm.nlm.nih.gov/</a>): Includes quick chemical identification; patient care guidelines for triage, assessment, and treatment; medical countermeasures, and more. CHEMM is available for download for Windows or Mac (<a href="https://chemm.nlm.nih.gov/download.htm">https://chemm.nlm.nih.gov/download.htm</a>) in case internet connectivity is lost during an incident. CHEMM is incorporated into the WISER app (above).

The Texas Commission on Environmental Quality has tools to monitor air quality:

- Today's Texas Air Quality Forecast: <a href="https://www.tceq.texas.gov/airquality/monops/forecast\_today.html">https://www.tceq.texas.gov/airquality/monops/forecast\_today.html</a>
- Geographical Texas Air Quality Monitoring (GeoTAM) viewer: https://www.tceq.texas.gov/gis/geotam-viewer
- AutoGC Data by Day by Parameter: https://www.tceq.texas.gov/airquality/monops/agc/autogc.html

They also have a page dedicated to hurricane recovery: https://www.tceq.texas.gov/response/hurricanes

#### **Tools for Cleanup and Recovery**

Disaster Recovery and Environmental Health Information Guide https://disasterinfo.nlm.nih.gov/enviro/disasterrecovery.html

Disaster Preparedness [app]

https://play.google.com/store/apps/details?id=com.mrendering.cpwr.android&hl=en

Source: NIEHS

Note, only available for Android

Mold 101: Health & Safety App

https://play.google.com/store/apps/details?id=com.iuoe.mold101&hl=en https://itunes.apple.com/us/app/mold-101-health-safety-app/id978230062

New source: International Union of Operating Engineers (IUOE)

Submitted by Robin Taylor, MLIS
Contractor, ICF
Disaster Information Management Research Center
Division of Specialized Information Services
National Library of Medicine
6707 Democracy Blvd, Suite 440
Bethesda, MD 20892
301-827-6725
robin.taylor@nih.gov

https://disasterinfo.nlm.nih.gov/



You are receiving this message as a member of the DISASTR-OUTREACH-LIB discussion group for librarians, information specialists and others interested in disaster information outreach to their communities and responding to information needs for all-hazards preparedness, response and recovery. To send a message to all the list members, please address it to <a href="mailto:DISASTR-OUTREACH-LIB@LIST.NIH.GOV">DISASTR-OUTREACH-LIB@LIST.NIH.GOV</a>. Did a colleague forward this message to you? For your own subscription, sign up at <a href="http://disasterinfo.nlm.nih.gov/dimrc/dimrclistserv.html">http://disasterinfo.nlm.nih.gov/dimrc/dimrclistserv.html</a>.

To unsubscribe, type SIGNOFF DISASTR-OUTREACH-LIB in the body of a message to <a href="listserv@list.nih.gov">listserv@list.nih.gov</a>. The DISASTR-OUTREACH-LIB archives are available at <a href="https://list.nih.gov/archives/disastr-outreach-lib.html">https://list.nih.gov/archives/disastr-outreach-lib.html</a>.

You can reach the list moderator at <a href="DISASTR-OUTREACH-LIB-request@list.nih.gov">DISASTR-OUTREACH-LIB-request@list.nih.gov</a>. This forum is provided by the Disaster Information Management Research Center, U.S. National Library of Medicine. Sign up for announcements and updates from NLM DIMRC

https://public.govdelivery.com/accounts/USNLMDIMRC/subscriber/new?topic\_id=USNLMDIMRC\_6



Last updated: August 31, 2017

For questions and assistance with this resource list and the linked documents, please contact Christopher Lawver, DTSEM/OEMP, at (202) 693-1985, or by email at: <a href="mailto:lawver.christopher.j@dol.gov">lawver.christopher.j@dol.gov</a>.

\*Denotes non-OSHA produced product.

#### **HURRICANES**

Emergency Preparedness and Response: Hurricanes (web page)

Keeping Workers Safe during Disaster Cleanup and Recovery Fact Sheet

English (FS-3698): <u>PDF</u>

Spanish (FS-3699): <u>PDF</u>

Disaster Cleanup and Recovery PPE Matrix

English (FS-3898): <u>PDF</u>

Spanish (FS-3899): PDF

Hand Hygiene and Glove Use in Hurricane-Affected Areas

English (no pub #): <u>HTML</u> & <u>PDF</u>

#### **FLOODS**

Emergency Preparedness and Response: Floods (web page)

Filling, Moving and Placing Sandbags QuickCard<sup>™</sup>

English (3361): PDF

Flood Clean-up Fact Sheet

English (no pub #): HTML & PDF

Spanish (no pub #): PDF

Cleanup Hazards Fact Sheet

English (no pub #): PDF

Fungi Hazards and Flood Clean-up Fact Sheet

English (no pub #): HTML & PDF

#### **GENERAL RESPONSE AND RECOVERY**

Emergency Preparedness and Response (web page)

Search and Rescue Fact Sheet

English (FS-3269): PDF



Trenching and Excavation Service Fact Sheet

English (FS-3426): PDF

**General Decontamination Fact Sheet** 

• English: PDF

Rescue of Animals (Dogs) QuickCard™

English: PDF

#### PERSONAL PROTECTIVE EQUIPMENT (PPE)

PPE for Emergency Response and Recovery Workers (web page)

Construction PPE QuickCard $^{TM}$ 

English (3289): HTML & PDF

Spanish (no pub #): <u>HTML</u> & <u>PDF</u>

Disaster Cleanup and Recovery PPE Matrix

English (FS-3898): PDF

Spanish (FS-3899): PDF

Hand Hygiene and Glove Use in Hurricane-Affected Areas

English (no pub #): <u>HTML</u> & <u>PDF</u>

#### **HEAT**

Heat Safety Campaign (web page)

Heat Stress QuickCard<sup>™</sup>

English (3154): PDF

Spanish (3417): <u>PDF</u>

Vietnamese (3389): PDF

Heat Outreach Wallet Card

English (3556): PDF

Spanish (3565): PDF

Portuguese (3663): PDF

Heat Hazards: Working Outdoors in Warm Climates Fact Sheet

English (no pub #): <u>HTML</u> & <u>PDF</u>

Heat Illness: Protecting Workers from the Effects of Heat Fact Sheet

English (FS-3743): HTML & PDF

Heat Safety Illustrated, Low-Literacy Fact Sheet (Construction/Agriculture)

English (FS-3422): PDF

• Spanish (FS-3423): PDF



Heat Illness Prevention Training Guide; a Lesson Plan for Employers

- English (3437): PDF
- Spanish (3451): PDF

Heat Illness: OSHA/NIOSH Heat Illness Info Sheet: Protecting Workers from Heat Illness

English (3438): PDF

Heat Illness: Health Effects of Heat Worksite, Training Poster

- English (3431): PDF
- Spanish (3432): <u>PDF</u>

Heat Illness: Protecting Yourself in the Sun

- English (3166): HTML & PDF
- Spanish (3168): HTML & PDF

Heat Illness: Stopping for Water Keeps You Going, Community Poster

- English (3435): PDF
- Spanish (3436): PDF

#### FALLS

Disaster Response: Protecting Workers from Slips, Trips and Falls QuickCard<sup>™</sup>

• English (3907): PDF

Fall Prevention: "Safety Pays. Falls Cost." Sticker

- English (0078): PDF
- Spanish (0068): PDF

Fall Protection: Reducing Falls During Residential Construction: Installing Standing Seam Metal Roofs Fact Sheet

- English (3502): <u>HTML</u> & <u>PDF</u>
- Spanish (3578): PDF

Fall Protection: Reducing Falls During Residential Construction: Re-Roofing Fact Sheet

- English (3503): <u>HTML</u> & <u>PDF</u>
- Spanish (3579): <u>PDF</u>

Fall Protection: Reducing Falls during Residential Construction: Erecting Exterior and Interior Walls Fact Sheet

- English (FS-3554): <u>PDF</u>
- Spanish (FS-3581): PDF

Fall Protection: Reducing Falls during Residential Construction: Floor Joist Installation and Decking Fact Sheet

- English (FS-3555): HTML & PDF
- Spanish (FS-3582): PDF



Fall Protection: Reducing Falls During Residential Construction: Installing Roof Trusses Fact Sheet

- English (FS-3477): <u>HTML</u> & <u>PDF</u>
- Spanish (FS-3574): PDF

Fall Protection: Reducing Falls During Residential Construction: Installing Tile Roofs Fact Sheet

- English (FS-3478): <u>HTML</u> & <u>PDF</u>
- Spanish (FS-3575): PDF

Fall Protection: Reducing Falls During Residential Construction: Roof Repair Fact Sheet

- English (FS-3479): <u>HTML</u> & <u>PDF</u>
- Spanish (FS-3576): PDF

Fall Protection: Reducing Falls During Residential Construction: Roof Sheathing Fact Sheet

- English (FS-3501): <u>HTML</u> & <u>PDF</u>
- Spanish (FS-3577): <u>PDF</u>

Fall Protection: Reducing Falls During Residential Construction: Working in Attics Fact Sheet

- English (FS-3553): <u>HTML</u> & <u>PDF</u>
- Spanish (FS-3580): <u>PDF</u>

Ladder Safety: Reducing Falls in Construction: Safe Use of Extension Ladders Fact Sheet

• English (FS-3660): PDF

Ladder Safety: Reducing Falls in Construction: Safe Use of Job-made Wooden Ladders Fact Sheet

English (FS-3661): <u>HTML</u> & <u>PDF</u>

Ladder Safety: Reducing Falls in Construction: Safe Use of Stepladders Fact Sheet

English (FS-3662): HTML & PDF

OSHA's Final Rule to Update, Align, and Provide Greater Flexibility in its General Industry Walking-Working Surfaces and Fall Protection Standards Fact Sheet

English (FS-3903): <u>PDF</u>

#### **ELECTRICAL**

Electrical Safety QuickCard<sup>TM</sup>

English (3294): <u>HTML</u> & <u>PDF</u> (also in Spanish)

Electric Power: Electrical Protective Equipment Requirements Fact Sheet

English (FS-3875): PDF

Electrical Hazards: Controlling Electrical Hazards Fact Sheet

English (FS-3075): <u>HTML</u> & <u>PDF</u>

Electrical Hazards: Downed Electrical Wires Fact Sheet

English (no pub #): <u>HTML</u> & <u>PDF</u>



Electrical Safety Hazards of Overloading Cable Trays Fact Sheet

English (no pub #): HTML & PDF

Working Safely with Electricity Fact Sheet

- English (no pub #): PDF
- Spanish (no pub #): PDF

#### **GENERATORS**

Portable Generator Safety QuickCard<sup>™</sup>

English (no pub #): PDF

Generator Safety: Grounding Requirements for Portable Generators Fact Sheet

English (no pub #): HTML & PDF

Generator Safety: Using Portable Generators Safely Fact Sheet

English (no pub #): HTML & PDF

#### TREE TRIMMING, CHAIN SAWS, AND WOOD CHIPPERS

Tree Care Work Hazards - Hazard Bulletin

- English (HB-3731): EPUB, HTML, MOBI & PDF
- Spanish (HB-3740): <u>EPUB</u>, <u>HTML</u>, <u>MOBI</u> & <u>PDF</u>

Tree Care Work: Electricity and Tree Care Work Pamphlet

- English (3861): PDF
- Spanish (3861): <u>PDF</u>

Tree Care Work: Know the Hazards Pamphlet

• English/Spanish (3572): PDF

Tree Trimming Fact Sheet

English (no pub #): PDF

Chain Saws: Working Safely with Chain Saws Fact Sheet

- English (no pub #): HTML & PDF
- Spanish (no pub #): PDF

Chain Saws Safety QuickCard™

- English (3269): PDF
- Spanish (no pub #): PDF

Chipper Machine Safety QuickCard<sup>™</sup>

- English/Spanish (3279): PDF
- English/Portuguese (3595): PDF



#### **DEMOLITION AND DEBRIS REMOVAL**

Demolition Safety QuickCard<sup>TM</sup>

- English/Spanish (3290): PDF
- English/Portuguese (3597): PDF

Protecting Yourself While Removing Post-Disaster Debris from your Home or Business (Fact Sheet)\*

- English: PDF
- Vietnamese: <u>PDF</u> & <u>PowerPoint Training</u>

Protecting Yourself While Removing Post-Disaster Debris from your Home or Business: NIEHS Awareness for Post-Disaster Property Debris Cleanup\*

English: PDF

#### **RODENTS, SNAKES, INSECTS AND OTHER ANIMAL HAZARDS**

Rodent, Snakes & Insects QuickCard™

- English: HTML & PDF
- Spanish: <u>HTML</u> & <u>PDF</u>

OSHA/NIOSH Guidance: Protecting Workers from Occupational Exposure to Zika Virus (web page)

Zika Virus Protection for Outdoor Workers QuickCard<sup>™</sup>

- English (3380): PDF
- Spanish (3381): PDF

West Nile Virus Fact Sheet

- English: PDF
- Spanish: PDF

#### MOLD

Mold Safety and Health Topics (web page)

Mold QuickCard<sup>™</sup>

- English (3691): PDF
- Spanish (3692): PDF

Mold: Worker and Employer Guide to Hazards and Recommended Controls (EPA/HUD/NIH/OSHA)

- English: PDF
- Spanish: PDF

Mold Fact Sheet

English: PDF

Mold Hazards during Disaster Cleanup

- English (FS-3713): HTML & PDF
- Spanish (FS-3901): <u>PDF</u>



Mold: Preventing Mold-Related Problems in the Indoor Workplace

English (FS-3304): PDF

A Brief Guide to Mold in the Workplace

English (SHIB 03-10-10): <u>HTML</u>

Fungi Hazards Fact Sheet

- English (no pub #): PDF
- Spanish (no pub #): PDF

#### OTHER POLLUTANTS/CONTAMINANTS (INCLUDING CONTAMINATED FLOOD WATER)

#### <u>Asbestos</u>

Asbestos Safety and Health Topics (web page)

Asbestos: Protecting Workers from Asbestos Hazards Fact Sheet

English (no pub #): HTML & PDF

Asbestos: Protecting Workers from the Hazards of Asbestos-Containing Flooring Material Maintenance Fact Sheet

English (FS-3693): PDF

**Asbestos Fact Sheet** 

- English (FS-3507): <u>HTML</u> & <u>PDF</u>
- Spanish (FS-3737): PDF

Asbestos: Worker and Employer Guide to Hazards and Recommended Controls (EPA/HUD/NIH/OSHA)

- English: PDFSpanish: PDF
- Spanish.

#### <u>Silica</u>

Crystalline Silica Safety and Health Topics (web page)

Crystalline Silica Exposure - Health Hazard Information for Construction Employees Fact Sheet

English (FS-3177): <u>HTML</u>

OSHA's Crystalline Silica Rule: Construction Fact Sheet

English (FS-3681): PDF

Silica: Small Entity Compliance Guide for the Respirable Crystalline Silica Standard in Construction Fact Sheet

English (FS-3902): PDF

Silica: Controlling Exposures in Construction While Doing Tuckpointing/Mortar Removal Fact Sheet

English (FS-3632): <u>PDF</u>

Silica: Controlling Exposures in Construction While Operating Hand-Operated Grinders Fact Sheet

English (FS-3628): <u>PDF</u>



Silica: Controlling Exposures in Construction While Operating Handheld Masonry Saws Fact Sheet

English (FS-3627): <u>PDF</u>

Silica: Controlling Exposures in Construction While Operating Jackhammers Fact Sheet

English (FS-3629): <u>PDF</u>

Silica: Controlling Exposures in Construction While Operating Rotary Hammers Fact Sheet

English (FS-3630): <u>PDF</u>

Silica: Controlling Exposures in Construction While Operating Stationary Masonry Saws Fact Sheet

English (FS-3631): <u>PDF</u>

Silica: Controlling Exposures in Construction While Operating Vehicle-Mounted Drilling Rigs Fact Sheet

English (FS-3633): <u>PDF</u>

Silica: Controlling Silica Exposures in Construction Fact Sheet

English (3362): PDF

#### Lead

Lead Safety and Health Topics (web page)

Lead in Construction QuickCard<sup>™</sup>

- English (no pub #): PDF
- Spanish (no pub #): PDF

Lead in Construction Publication Booklet

English (3142): PDF

Protecting Workers from Lead Hazards Fact Sheet

English (no pub #): PDF

Lead: Worker and Employer Guide to Hazards and Recommended Controls (EPA/HUD/NIH/OSHA)

- English: PDF
- Spanish: PDF

#### Radon

Radon: Worker and Employer Guide to Hazards and Recommended Controls (EPA/HUD/NIH/OSHA)

- English: PDF
- Spanish: PDF

#### **OSHA ALLIANCE PROGRAM PARTICIPANT PRODUCTS**

National Telecommunications Safety Panel Shoveling Fact Sheet\*

• English: PDF

Alliance Sprains and Strains Prevention Toolbox Safety Talk\*

• English: PDF



Alliance Strains, Sprains and Material Handling Safety Tips for Employers\*

• English: PDF

National Association of Homebuilders Safety Card: Trenching Hazards in Home Building\*

English/Spanish: PDF

National Association of Homebuilders Safety Card: Power Nailer Hazards in Home Building\*

English/Spanish: PDF

National Association of Homebuilders Safety Card: Roofing Operations\*

• English/Spanish: PDF

Alliance Toolbox Talk: Power Tools; Safety Measures to Ensure Proper Use and Avoid Serious Injuries\*

English: PDF

Alliance Toolbox Talk: Portable Generator Safety\*

English: PDF

Alliance: Safety Tips Sheet No. 3: Safe Lifting Practices\*

English: PDFSpanish: PDF

Alliance Toolbox Talks: Ladder Safety - Choosing the Right Ladder\*

English: <u>PDF</u>Spanish: <u>PDF</u>

Inspect Ladders Carefully\*

English: <u>PDF</u>Spanish: <u>PDF</u>

Do's and Don'ts of Using a Ladder\*

English: PDFSpanish: PDF

Set Up and Use of a Ladder\*

English: <u>PDF</u>Spanish: <u>PDF</u>

Extension Ladder Safety\*

English: <u>PDF</u>Spanish: <u>PDF</u>

Using a Stepladder Safely\*

English: <u>PDF</u>Spanish: <u>PDF</u>

Altec Chipper Safety Pamphlet\*

• English/Spanish: PDF



#### **PSYCHOLOGICAL RESILIENCE DURING AN EMERGENCY RESPONSE**

Substance Abuse and Mental Health Services Administration (SAMHSA) Disaster Distress Helpline (web page)\*

• Phone: 1-800-985-5990

Text message: text "TalkWithUs" to 66746

Tips for Supervisors of Disaster Responders: Helping Staff Manage Stress When Returning to Work (SAMHSA)\*

English: PDF

A Guide to Managing Stress in Crisis Response Professions (SAMHSA)\*

English: PDF

Disaster Responders-SAMHSA Disaster Behavioral Health Information Series Installment (web page) \*

Psychological First Aid for First Responders (SAMHSA)\*

English: PDF

Tips for Disaster Responders: Understanding Compassion Fatigue (SAMHSA)\*

English: PDF

A Post-Deployment Guide for Supervisors of Deployed Personnel (SAMHSA)\*

English: PDF

Introduction to Disaster Behavioral Health Webinar (SAMHSA)\*

English: PDF

Health, Safety, and Resilience for Disaster Responders (Centers for Disease Control and Prevention, CDC)\*

English: PDF

Surviving Field Stress for First Responders (CDC) (web page)\*

Traumatic Incident Stress: Information for Response Workers (National Institute for Occupational Safety and Health)\*

English: PDF

Psychological First Aid Manual (U.S. Department of Veteran Affairs)\*

English: PDF

SAMHSA's Efforts for Disaster Preparedness, Response, and Recovery (web page)\*

U.S. Department of Veteran Affairs' Disaster Mental Health Treatment (web page) \*

Coping with a Disaster or Traumatic Event (CDC) (web page)\*



# 2017 Harvey Health and Social Services Recovery Quad Chart Input – please submit to: HSS-Recovery-Coordination@hhs.gov COB Fridays Agency Name: Date: On-Going Activities (since last report):

**Key Actions and Accomplishments:** 

**Future Actions:** 



### <u>Issues / Shortfalls/Concerns<sup>1</sup> (per HSS RSF 9 Core Mission Areas):</u>

- Public Health
- Healthcare Services
- · Behavioral Health
- Environmental Health
- Food Safety and Regulated Medical Products
- Long-term Responder Health Issues
- Social Services
- Disaster Case Management/Referral to Social Services
- · Children and Youth in Disasters

<sup>&</sup>lt;sup>1</sup> Including those voiced anecdotally from stakeholders, grantees, state partners, NGO partners, etc.



HHS-OS EF Lit 18-0241-00002654





# Health and Social Services Recovery Support Function Coordination Committee Harvey Coordination Call

#### **Meeting Summary**

September 5, 2017

#### **Purpose**

This document summarizes the discussion, decisions, and action items from the September 5, 2017 coordination call of the Harvey Health and Social Service Recovery Support Function (HSS RSF). This summary will not be a verbatim record of the meeting proceedings.

#### **Welcome and Introductions**

Mr. Joshua Barnes (ASPR/OEM), the HSS RSF National Coordinator, welcomed and thanked participants on the call. It was noted that Mike Byrne has been named Federal Disaster Recovery Coordinator (FDRC) and CDR Elizabeth (Betty) Hastings is the designated HSS Field Coordinator. The current focus of the HSS RSF is on supporting the state during the impact assessment stage.

#### Process:

Initially, the Harvey HSS RSF coordination call will be held weekly in order to assist interagency information sharing. Each participating agency is asked to complete the HSS Quad Chart (attached to the meeting invite) in order to capture any relevant activities they are undertaking in support of recovery each week. Completed Quad Charts should be sent to <a href="https://example.com/HSS-Recovery-Coordination@hhs.gov">HSS-Recovery-Coordination@hhs.gov</a> by COB every Friday. Mr. Barnes also requested that the field point of contact for each agency be sent to the <a href="https://example.com/HSS-Recovery-Coordination@hhs.gov">HSS-Recovery-Coordination@hhs.gov</a> mailbox.

#### **Briefing**

Informational: Status Update from HSS RSF Field Coordinator: CDR Betty Hastings, the HSS RSF Field Coordinator, reported that the current primary recovery issues are vector control and first responder safety and health. CDR Hastings noted that responders have already been exposed to hazardous floodwaters, and that a call for tetanus vaccines has gone out. CDC is currently assessing vector control for the state and a human services vector control report is forthcoming.

Informational: Status Update – HHS Supporting Operating and Staff Divisions: Overall, agencies are in the process of reaching out to their programs and grantees in order to identify those which were impacted and their recovery needs going forward.

- CDC echoed CDR Hastings report, and noted they are currently working on shelter assessments in Texas as well as planning for Irma.
- FDA reported they are in the process of returning impacted facilities to operational status, and are conducting outreach in order to prioritize those facilities that were most impacted.

ASPR: Resilient People. Healthy Communities. A Nation Prepared.



- CMS is socializing the availability of 1115 and 1135 waivers and notes the ESRD community has assembled a triage team for the Dallas mega-shelter to pre-identify dialysis patients and ensure they receive the appropriate care. CMS also noted that waiver fact sheets will be pushed out shortly for providers and beneficiaries.
- ACF is currently identifying and conducting outreach to programs like head start and child care that were impacted as well as extending technical assistance to both grantees and the state. ACF is also preparing to activate the Immediate Disaster Case
   Management program via mission assignment from FEMA, pending state concurrence.
- HRSA is reaching out to their grantees and programs, and is in the process of identifying a HRSA Recovery Coordinator.
- OASH noted the high number of family planning clinics that remain closed in the impacted area, and the potential impacts on women and families who may be reliant on them in the wake of the disaster for family planning and access to contraception.
- NIH/NIEHS is implementing their Worker Training Program, and reports a number of grantees have been activated for responder health and safety. NIH is working on developing training materials and is partnering with local universities regarding documenting and assessing the environmental health exposure risks. NIH highlighted the importance of training for any workers who will be engaging in the Harvey impact zone. The National Library of Medicine at NIH reminds participants that the library maintains various subject guides specific to hurricane and flooding health concerns, and may be a valuable resource.

#### Informational: Status Update - Interagency Partners:

- USDA reports that the state of Texas is waiting for FEMA to initiate Recovery Centers before they implement DSNAP, the disaster food stamp program. Currently FEMA and voluntary organizations report enough food to feed shelter populations, however USDA has set aside one-million dollars to assist if necessary.
- Department of Education reports their biggest challenge currently is assessing the number of public and private schools that are impacted. DoED states 1.49 million students and over 2,000 schools are in the impacted areas and getting accurate information is proving difficult. In Houston school districts alone around 12,000 students will have to be relocated and around 75 schools have been damaged to such an extent that they will not reopen for months. DoED is holding a webinar on Thursday regarding homeless student education. DoED has received requests for webinars for information regarding the Public Assistance program, and voiced concern over getting information out in a timely manner and application deadlines. DoED also made an open request for any materials that might be helpful to support public or private school reopening to please share them.
- DHS FEMA reports over 590,000 registrations for Harvey to date.

Page 2 of 4



- DHS CRCL reports coordinating with FEMA's Office of Disability Integration and Coordination, and monitoring on the ground for any civil rights issues, specifically for individuals with disabilities.
- DOI notes that while no needs have been reported by tribes in the impacted area, numerous tribes throughout the country have retrieved their tribal members from the impacted areas and those individuals may seek assistance at a later date.
- DOL OSHA noted their development of a comprehensive list of resources to help protect
  workers during clean up and recovery efforts. The document may be a valuable resource
  for HSS RSF partners and is attached (OSHA and Interagency Resources for Hurricanes
  and Floods).
- NVOAD reported their on-going efforts to coordinate voluntary activities to provide immediate relief to survivors and are working with the FEMA VALs to begin supporting the transition to recovery for individuals and families.
- EPA is currently identifying an EPA recovery lead and continues to monitor impacted areas.
- NIST reported that they are exploring sending disaster engineering teams to evaluate the impact to healthcare facilities.
- NIEHS, OHSA, NIST, and NVOAD all expressed interested and concern in the information available to protect responder and worker safety.

#### Summary

Mr. Barnes noted the importance of starting the recovery process in tandem with the response and emphasized the commitment for recovery from HHS leadership, in particular the development of an HHS Senior Level Task Force for Harvey. He recognized that while it's still early in the recovery process, it's helpful for agencies to reach out to their respective networks and grantees to poll their unmet needs and requirements. This information is welcome, and can be shared in the quad chart form for further dissemination to the RSF agencies, as appropriate.

#### **Action Items**

Mr. Barnes wrapped up the meeting with the following reminders:

- Please send an email to <u>HSS-Recovery-Coordination@hhs.gov</u> with the primary Texas-Harvey recovery contact for each agency.
- Complete and send the Recovery Quad Chart to <u>HSS-Recovery-Coordination@hhs.gov</u> by COB every Friday
- 3. Send all helpful links or resources that can be disseminated to the group to <a href="https://example.com/HSS-Recovery-Coordination@hhs.gov">HSS-Recovery-Coordination@hhs.gov</a>

#### **Next meeting**

The date of the next meeting will be September 12, 2017 at 1:00 PM ET.

Page 3 of 4



#### **HSS RSF Supporting Agencies Participation**

| Agency                                                    | Present |
|-----------------------------------------------------------|---------|
| Administration for Children and Families                  | Х       |
| Administration for Community Living                       |         |
| American Red Cross                                        |         |
| ASPR Public Affairs Office                                |         |
| Assistant Secretary for Administration                    |         |
| Centers for Disease Control and Prevention                | X       |
| Centers for Medicare and Medicaid Services                | X       |
| Corporation for National and Community Service            |         |
| Departmental of Agriculture                               | X       |
| Department of Education                                   | Х       |
| Department of Homeland Security – FEMA                    | X       |
| Department of Homeland Security - NPPD                    |         |
| Department of Homeland Security - CRCL                    | Х       |
| Department of Housing and Urban Development               | Х       |
| Department of the Interior                                | Х       |
| Department of Justice                                     | Х       |
| Department of Labor                                       | Х       |
| Department of Transportation                              |         |
| Department of the Treasury                                | Х       |
| Environmental Protection Agency                           | Х       |
| Food and Drug Administration                              | Х       |
| Health Resources and Services Administration              | Х       |
| Indian Health Service                                     | Х       |
| National Institutes of Health                             | Х       |
| National Security Council                                 |         |
| National Voluntary Organizations Active in Disaster       | Х       |
| Office of the Assistant Secretary for Health              | Х       |
| Small Business Administration                             |         |
| Substance Abuse and Mental Health Services Administration | Х       |
| Veterans Affairs                                          | Х       |

Page **4** of **4** 

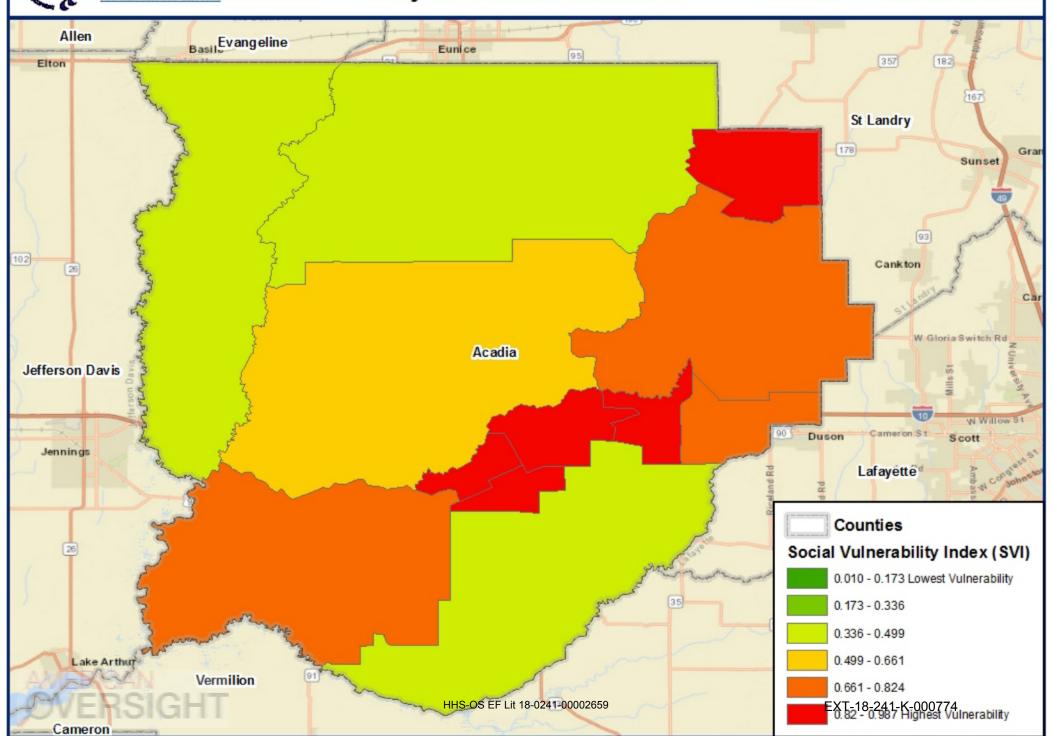




## Total Social Vulnerability Index by Census Tract: Acadia

Map produced by Fusion GIS Data sources: ESRI, HHS, CDC

Map as of: 05Sep17 0340EDT

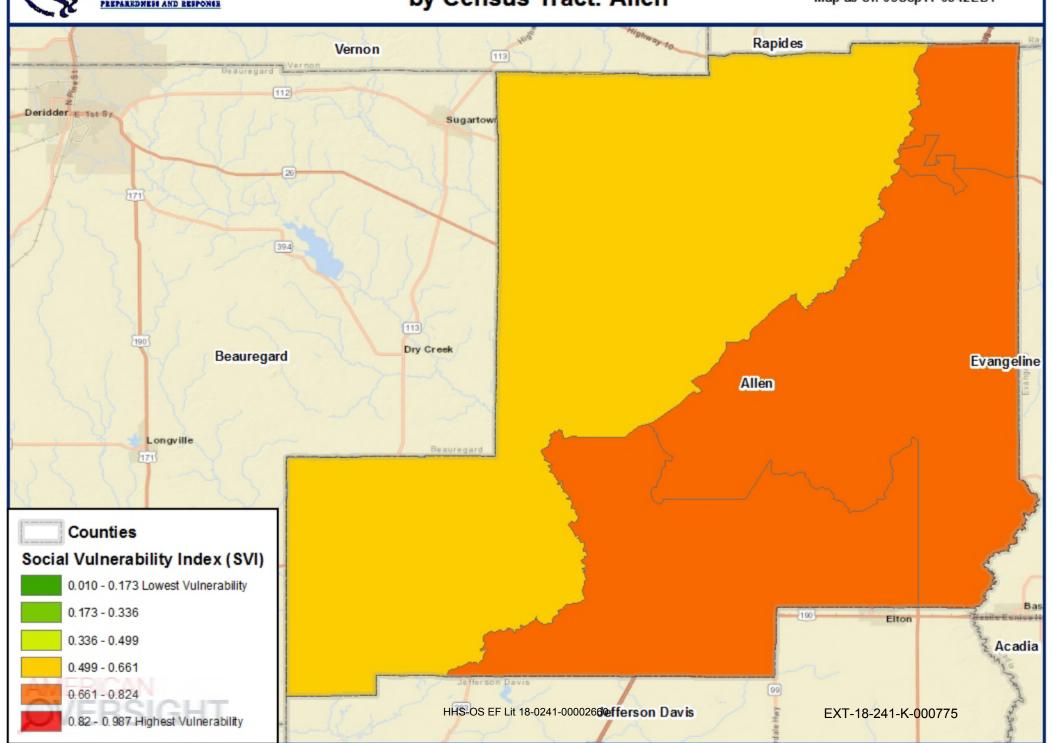




# Total Social Vulnerability Index by Census Tract: Allen

Map produced by Fusion GIS Data sources: ESRI, HHS, CDC

Map as of: 05Sep17 0342EDT

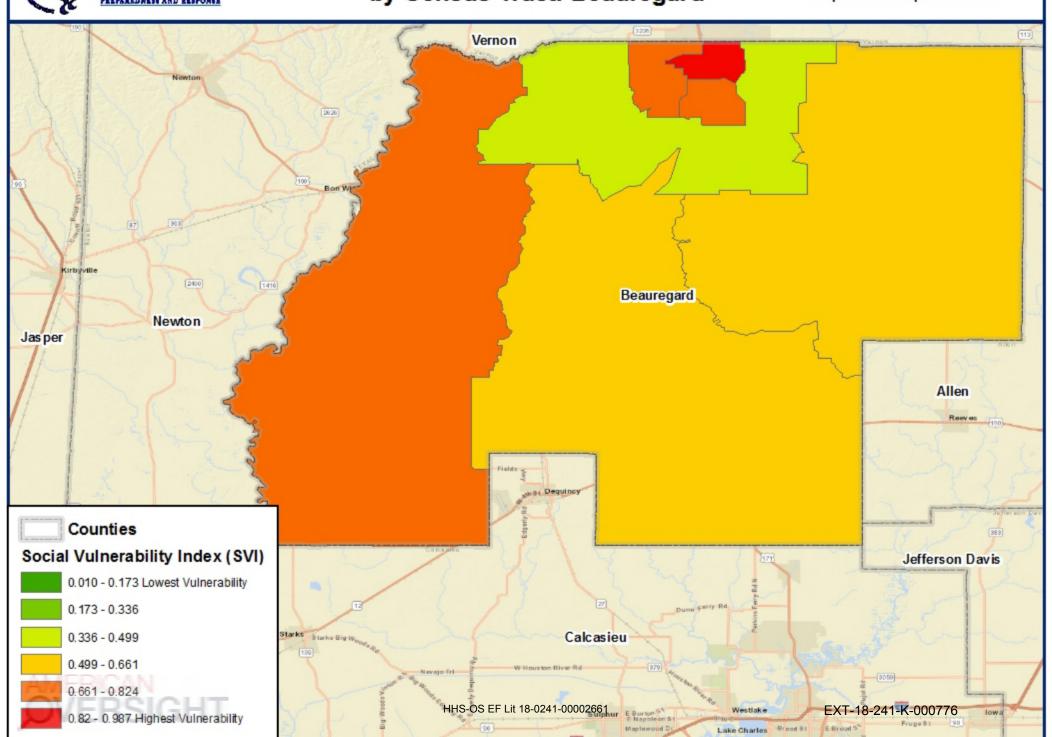




# Total Social Vulnerability Index by Census Tract: Beauregard

Map produced by Fusion GIS Data sources: ESRI, HHS, CDC

Map as of: 05Sep17 0344EDT

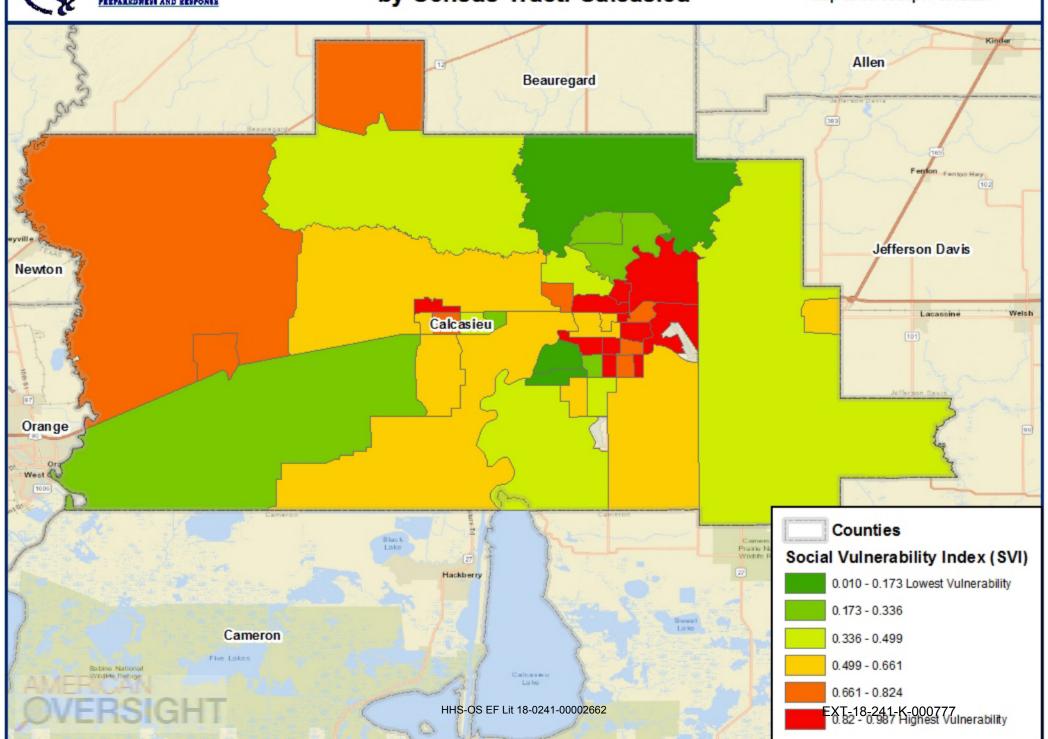




# Total Social Vulnerability Index by Census Tract: Calcasieu

Map produced by Fusion GIS Data sources: ESRI, HHS, CDC

Map as of: 05Sep17 0352EDT





# Total Social Vulnerability Index by Census Tract: Cameron

Map produced by Fusion GIS Data sources: ESRI, HHS, CDC

Map as of: 05Sep17 0351EDT

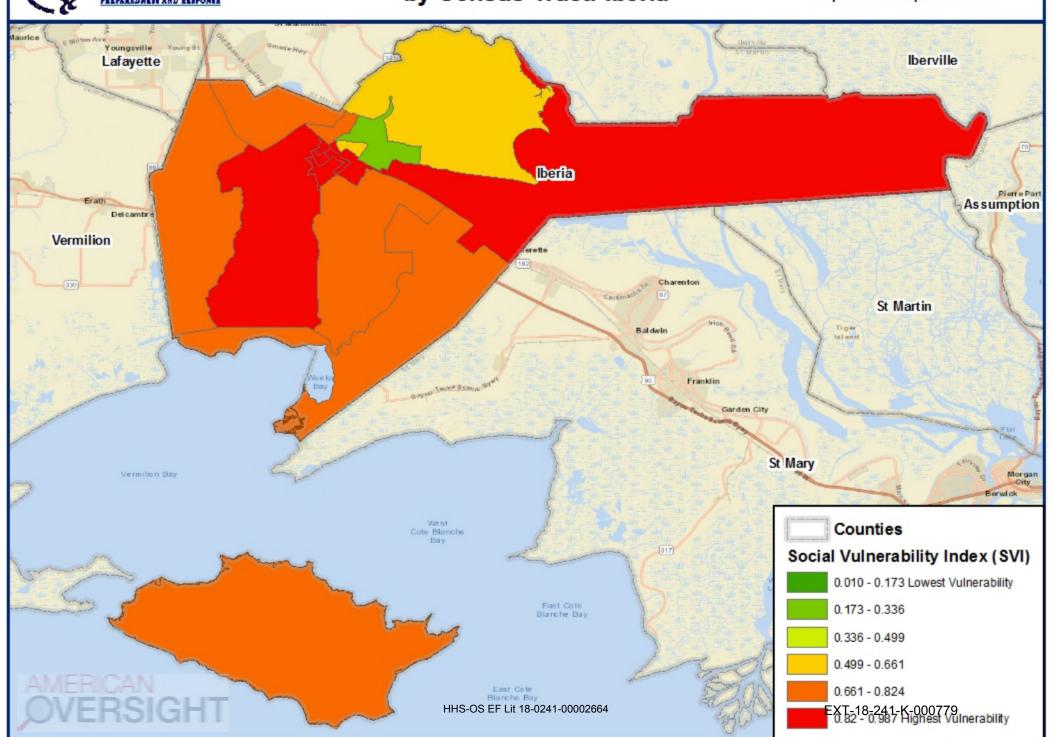




## Total Social Vulnerability Index by Census Tract: Iberia

Map produced by Fusion GIS Data sources: ESRI, HHS, CDC

Map as of: 05Sep17 0350EDT

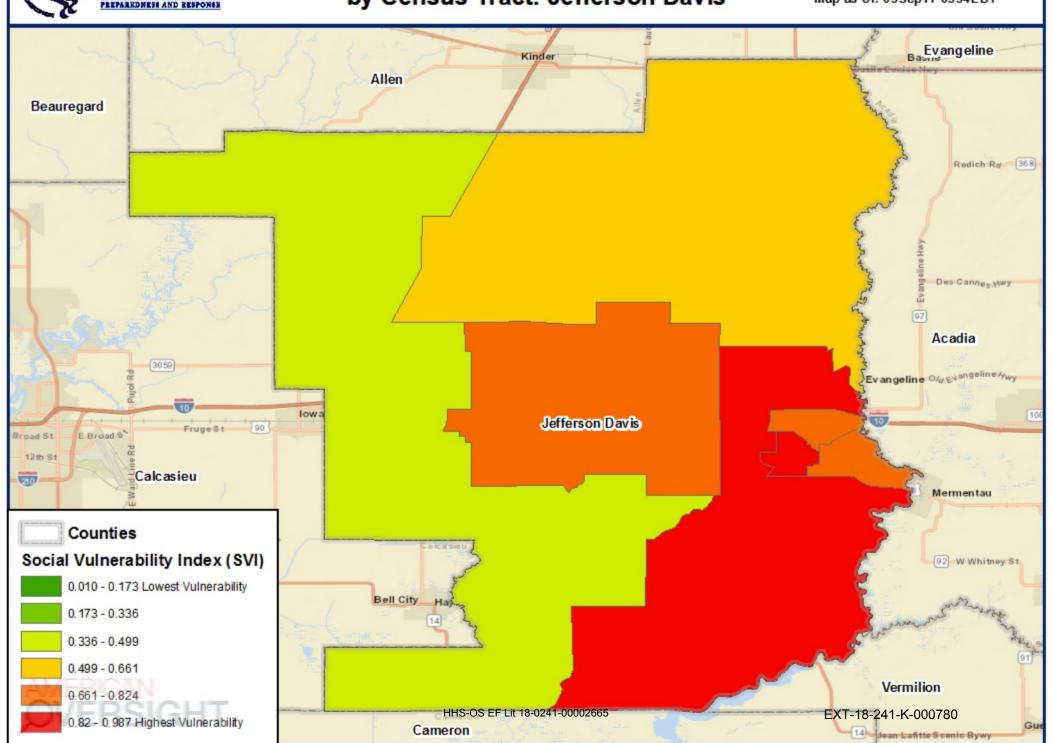




# Total Social Vulnerability Index by Census Tract: Jefferson Davis

Map produced by Fusion GIS Data sources: ESRI, HHS, CDC

Map as of: 05Sep17 0354EDT

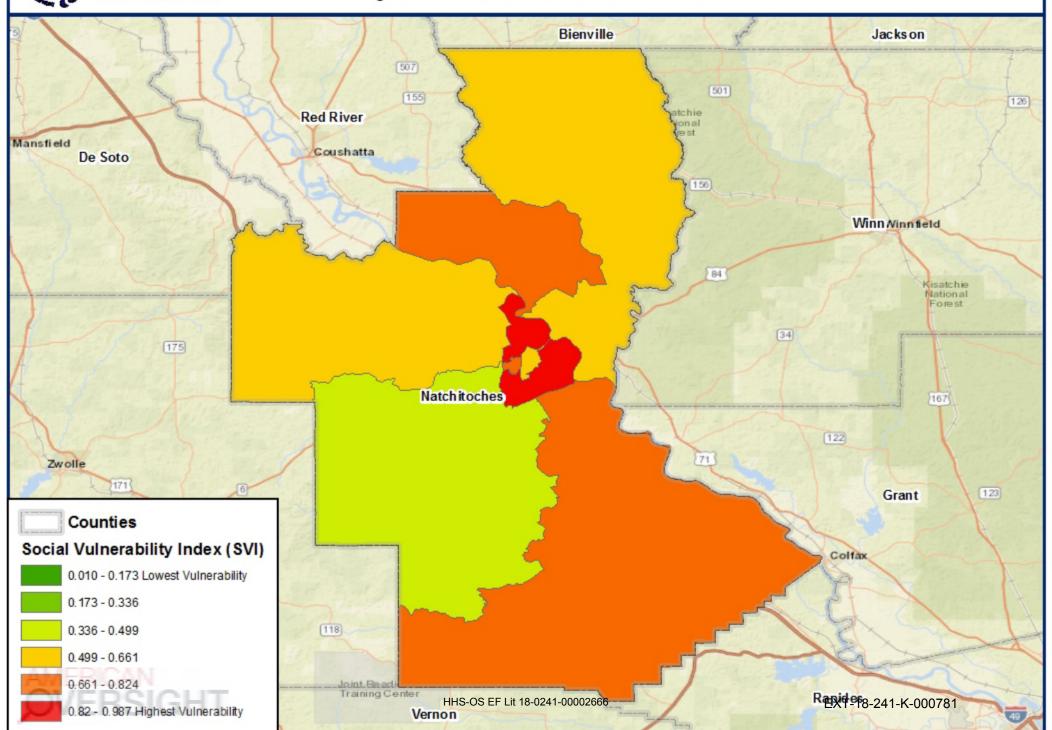




# Total Social Vulnerability Index by Census Tract: Natchitoches

Map produced by Fusion GIS Data sources: ESRI, HHS, CDC

Map as of: 05Sep17 0354EDT

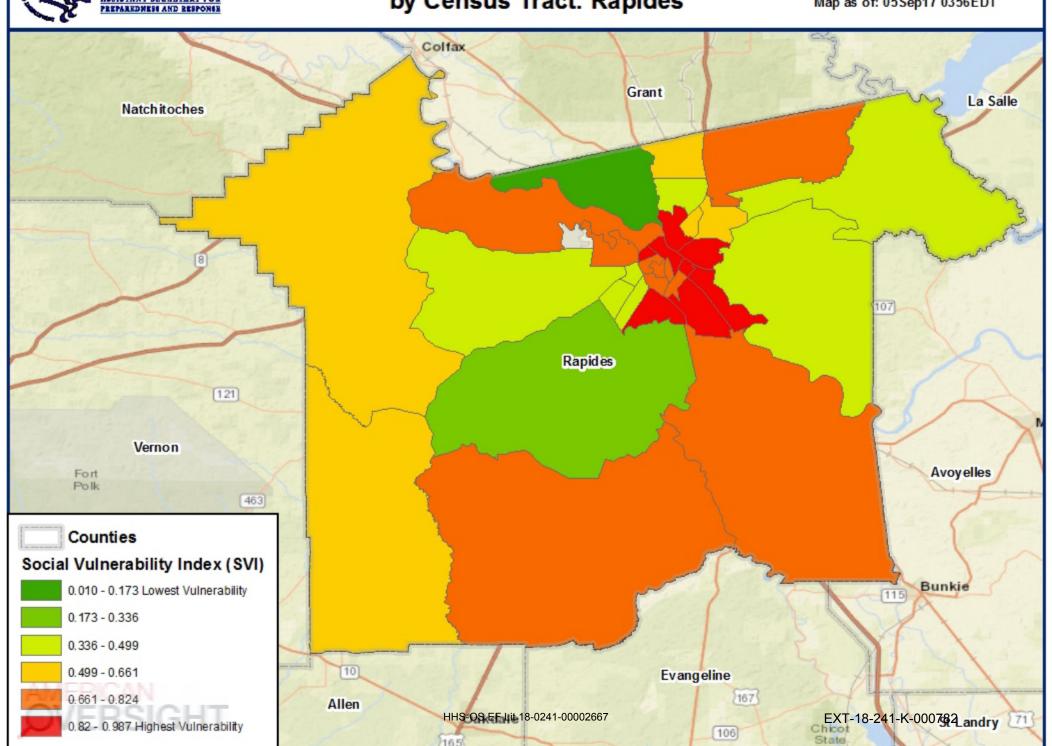




# Total Social Vulnerability Index by Census Tract: Rapides

Map produced by Fusion GIS Data sources: ESRI, HHS, CDC

Map as of: 05Sep17 0356EDT

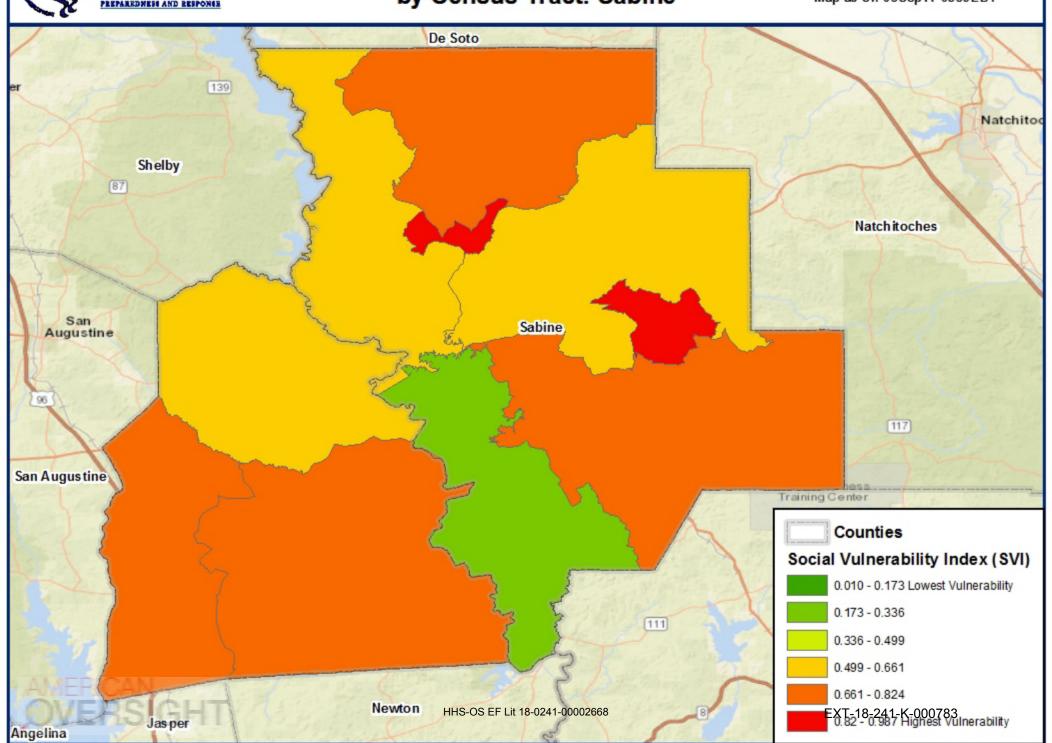




# Total Social Vulnerability Index by Census Tract: Sabine

Map produced by Fusion GIS Data sources: ESRI, HHS, CDC

Map as of: 05Sep17 0359EDT

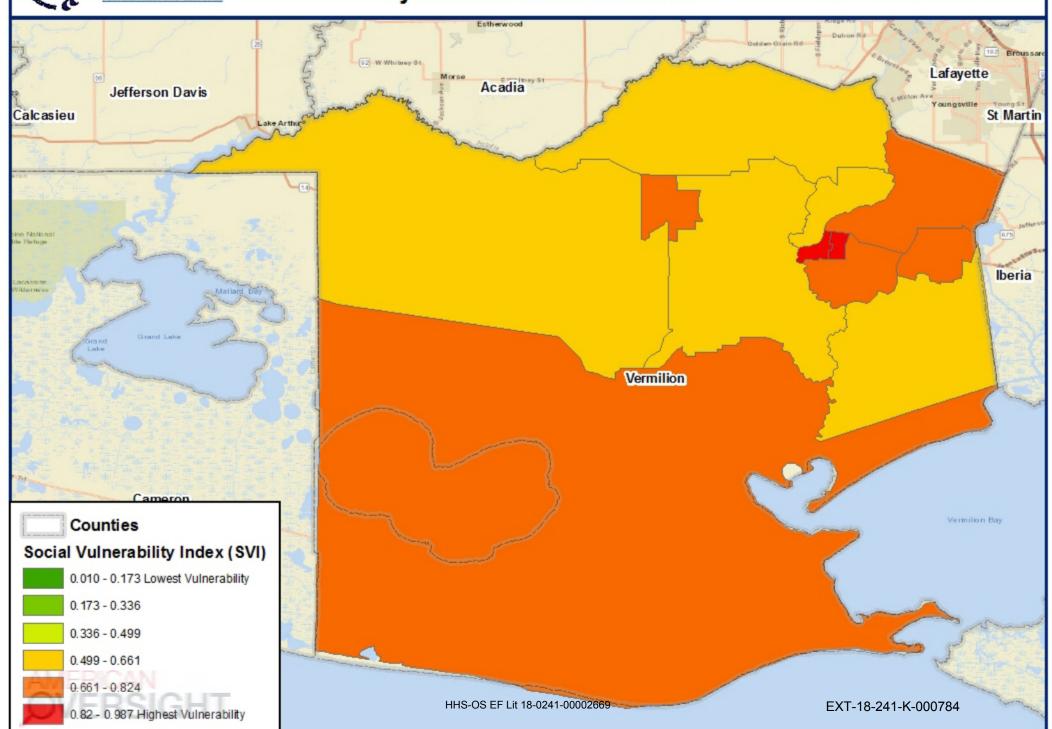




# Total Social Vulnerability Index by Census Tract: Vermilion

Map produced by Fusion GIS Data sources: ESRI, HHS, CDC

Map as of: 05Sep17 0359EDT

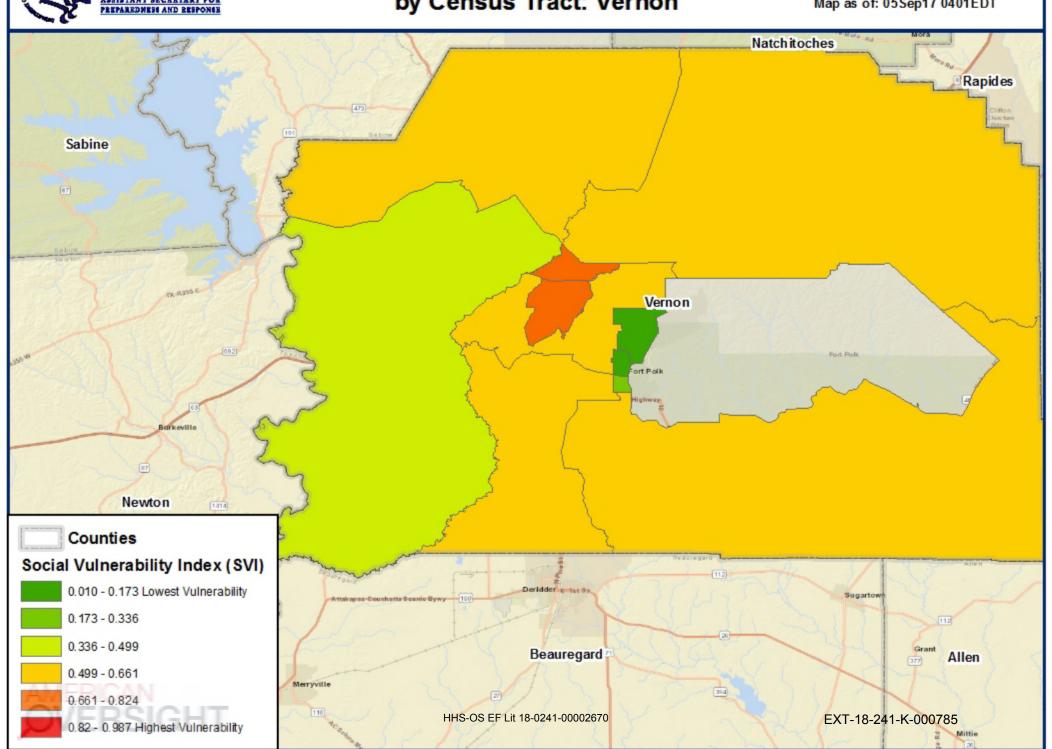




# Total Social Vulnerability Index by Census Tract: Vernon

Map produced by Fusion GIS Data sources: ESRI, HHS, CDC

Map as of: 05Sep17 0401EDT

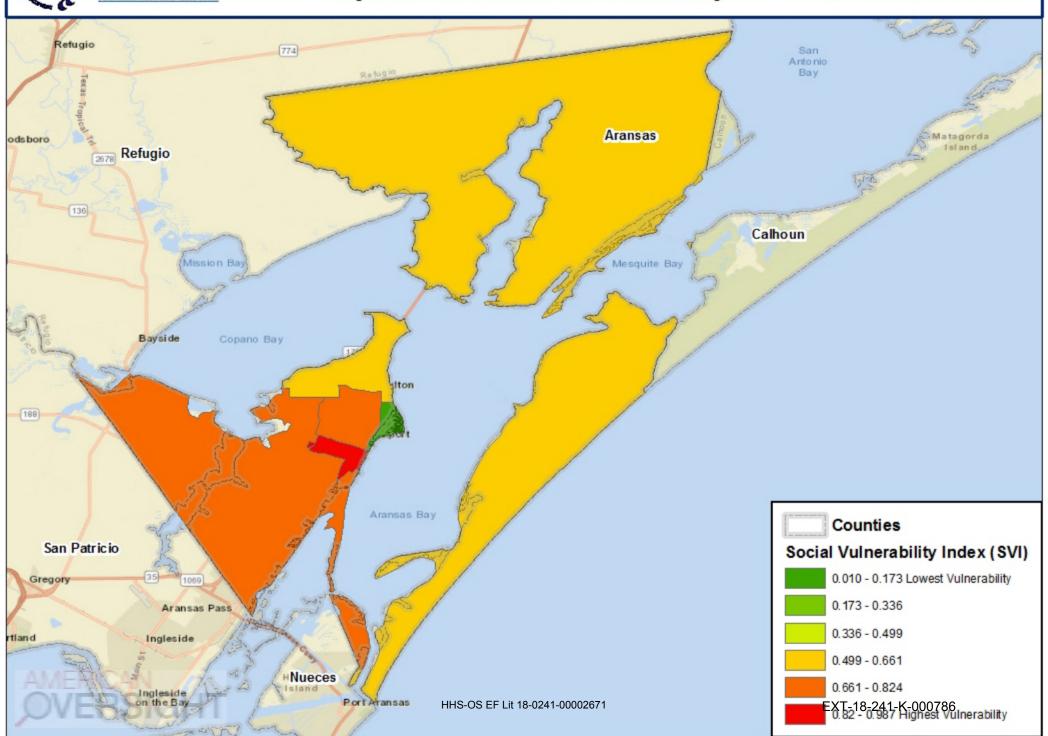




# Total Social Vulnerability Index by Census Tract: Aransas County

Map produced by Fusion GIS Data sources: ESRI, HHS, CDC

Map as of: 05Sep17 0056EDT

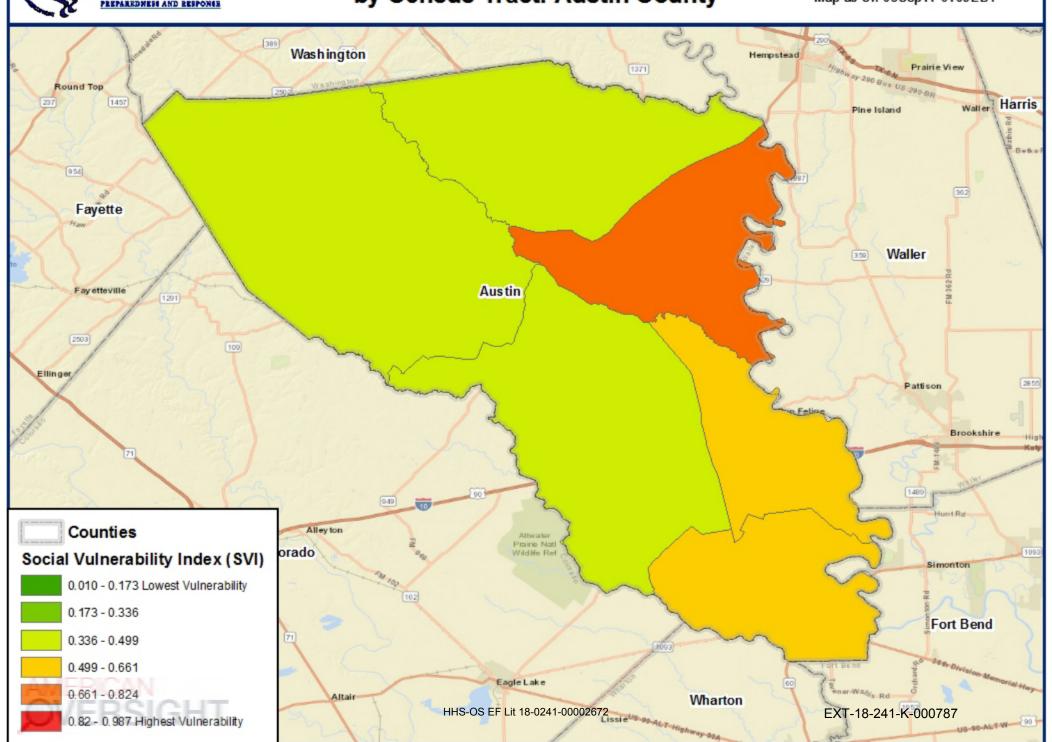




# Total Social Vulnerability Index by Census Tract: Austin County

Map produced by Fusion GIS Data sources: ESRI, HHS, CDC

Map as of: 05Sep17 0109EDT

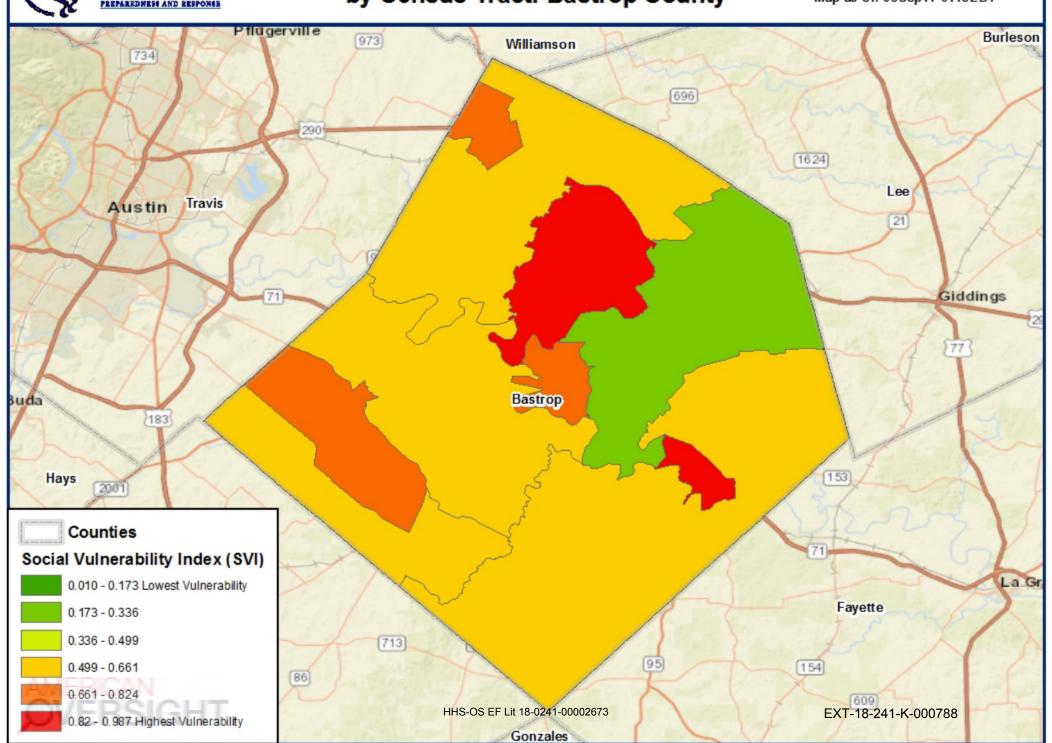




# Total Social Vulnerability Index by Census Tract: Bastrop County

Map produced by Fusion GIS Data sources: ESRI, HHS, CDC

Map as of: 05Sep17 0113EDT

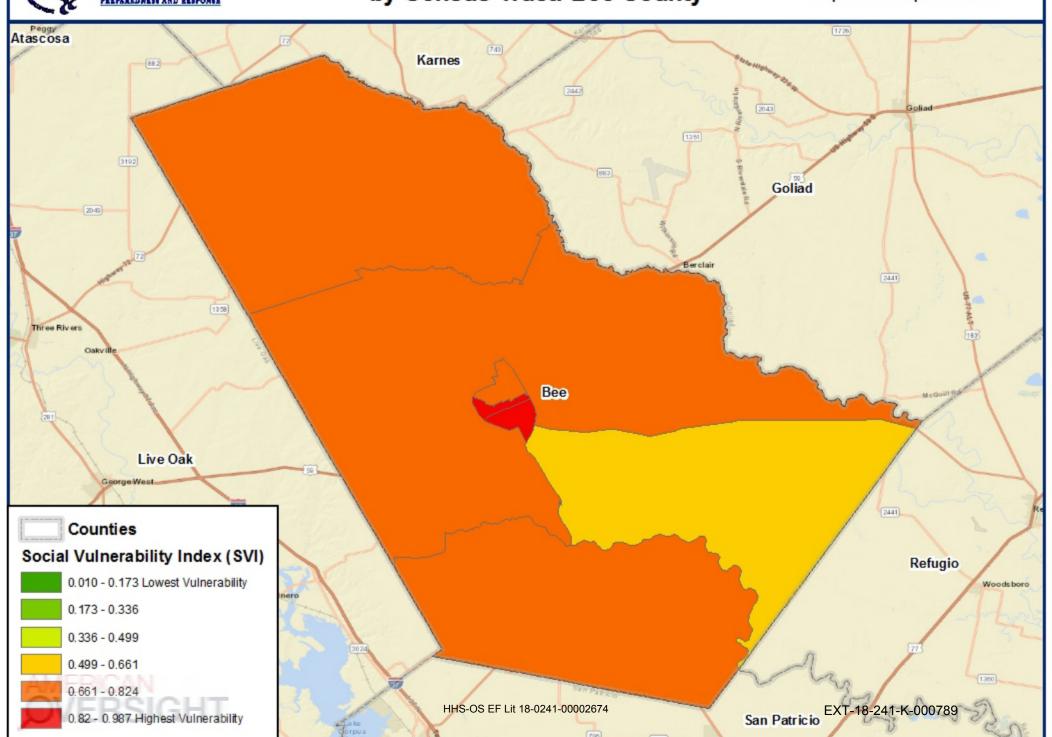




# Total Social Vulnerability Index by Census Tract: Bee County

Map produced by Fusion GIS Data sources: ESRI, HHS, CDC

Map as of: 05Sep17 0117EDT

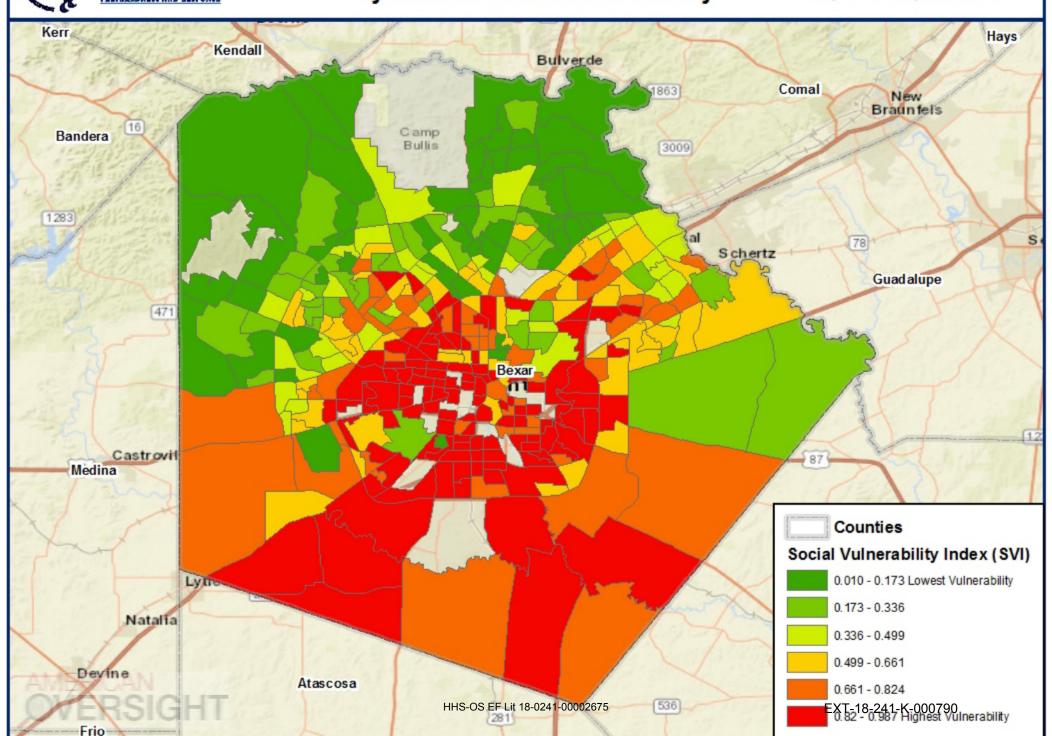




# Total Social Vulnerability Index by Census Tract: Bexar County

Map produced by Fusion GIS Data sources: ESRI, HHS, CDC

Map as of: 05Sep17 0119EDT

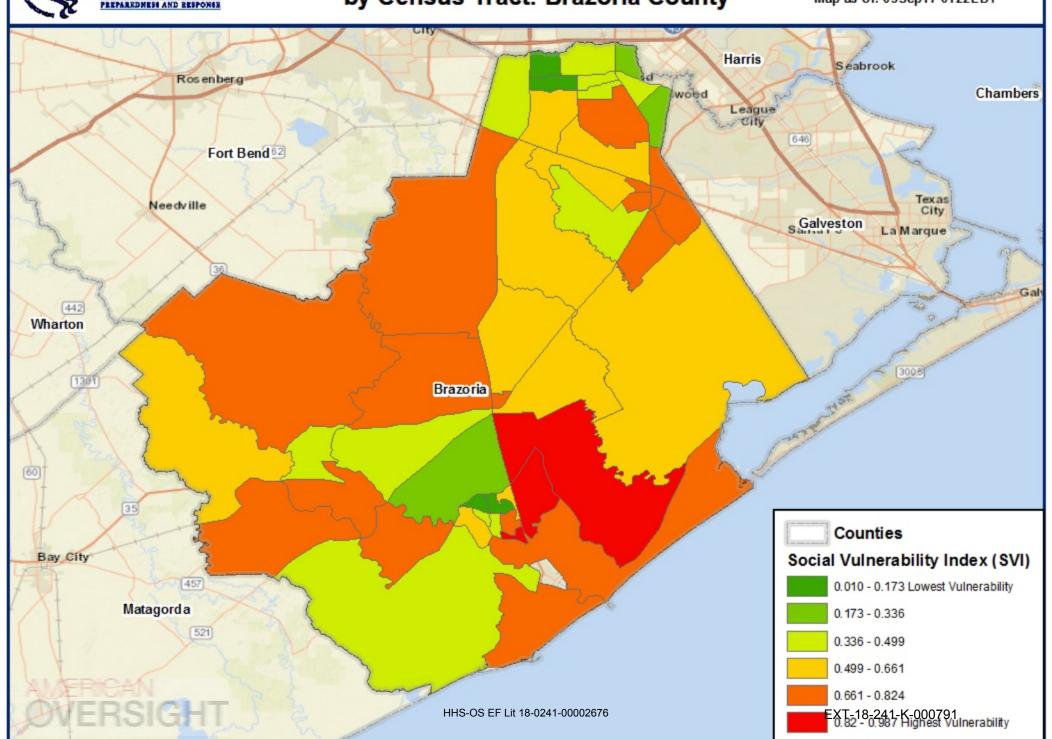




## Total Social Vulnerability Index by Census Tract: Brazoria County

Map produced by Fusion GIS Data sources: ESRI, HHS, CDC

Map as of: 05Sep17 0122EDT

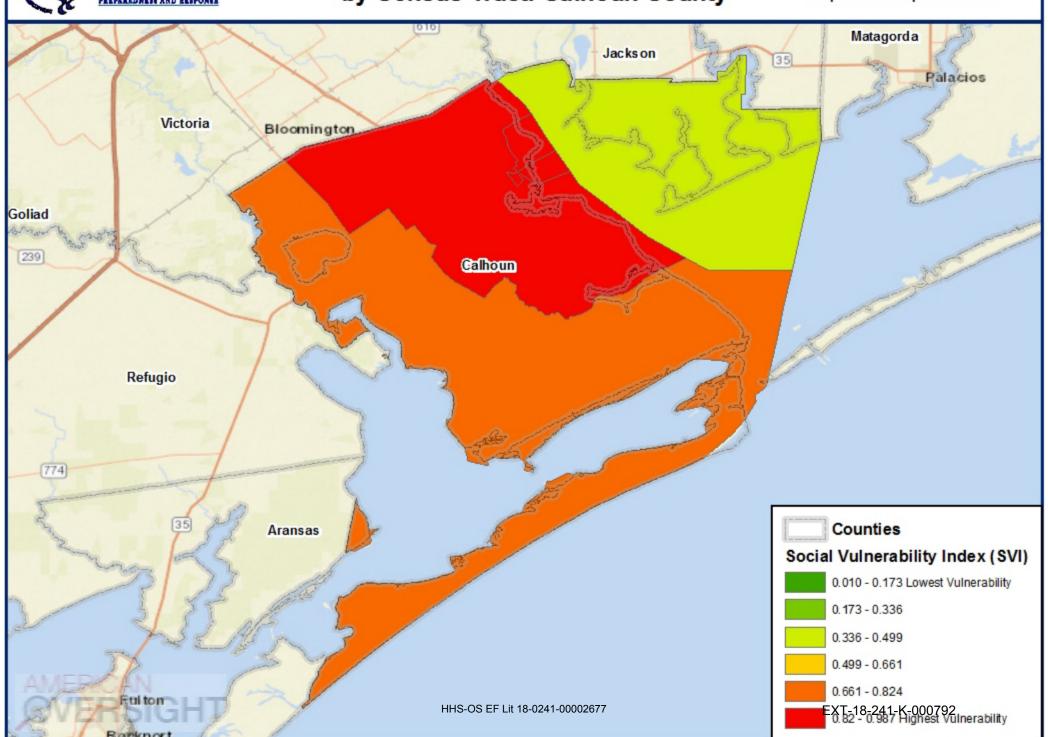




#### Total Social Vulnerability Index by Census Tract: Calhoun County

Map produced by Fusion GIS Data sources: ESRI, HHS, CDC

Map as of: 05Sep17 0143EDT

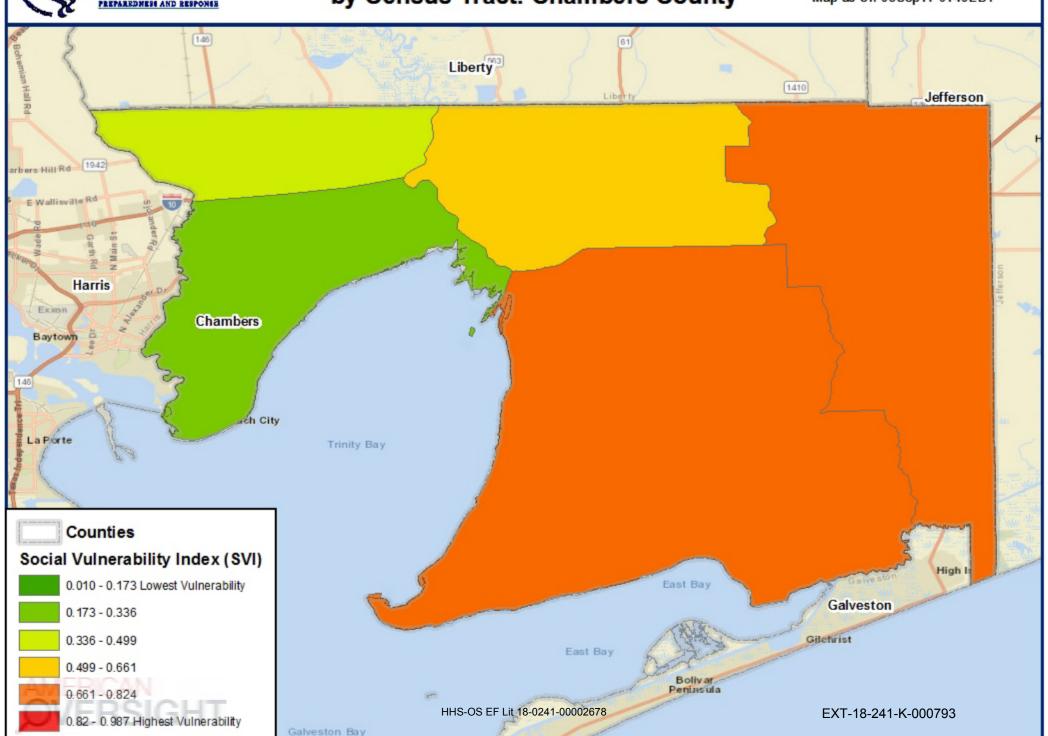




#### Total Social Vulnerability Index by Census Tract: Chambers County

Map produced by Fusion GIS Data sources: ESRI, HHS, CDC

Map as of: 05Sep17 0146EDT

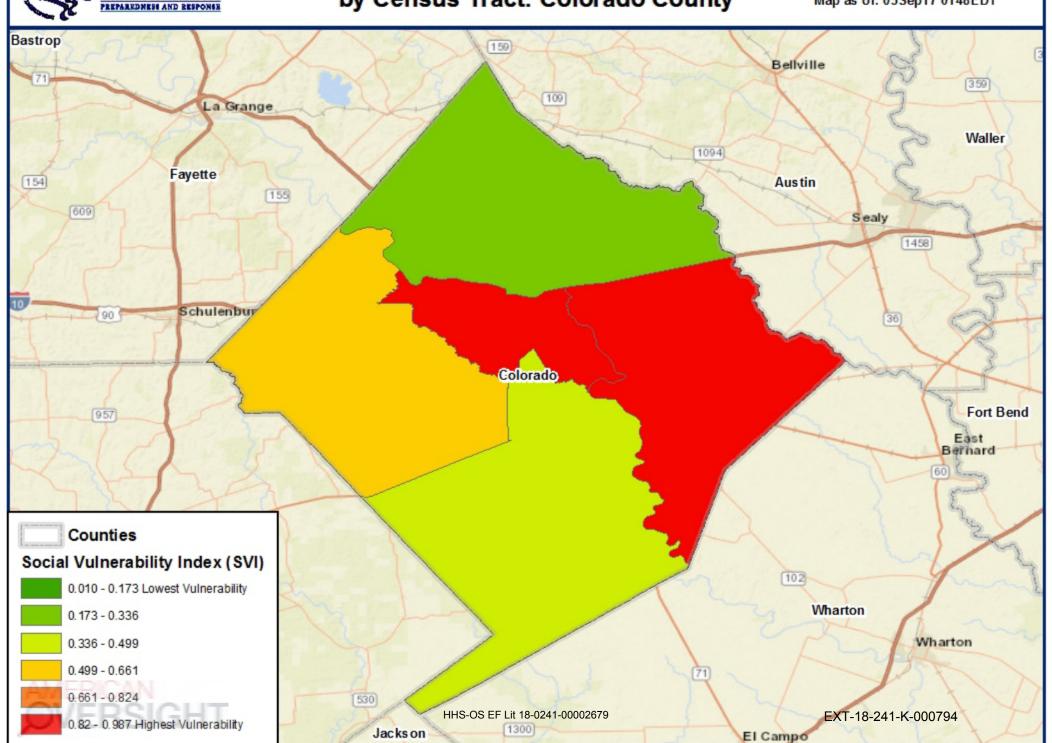




## Total Social Vulnerability Index by Census Tract: Colorado County

Map produced by Fusion GIS Data sources: ESRI, HHS, CDC

Map as of: 05Sep17 0148EDT

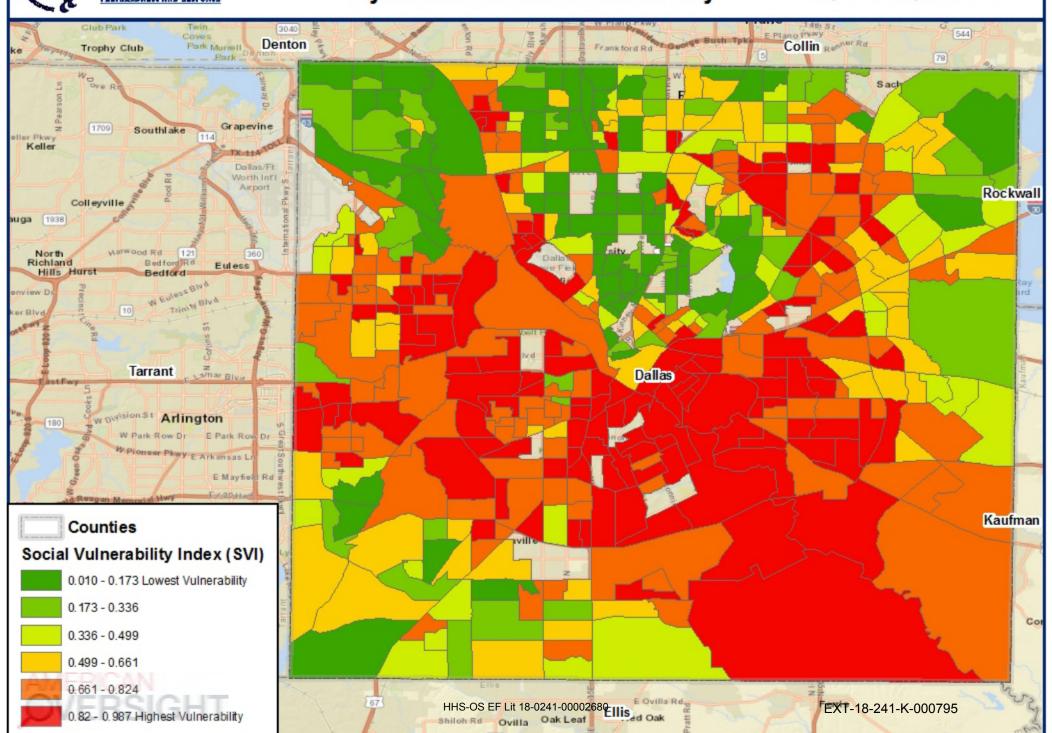




# Total Social Vulnerability Index by Census Tract: Dallas County

Map produced by Fusion GIS Data sources: ESRI, HHS, CDC

Map as of: 05Sep17 0151EDT

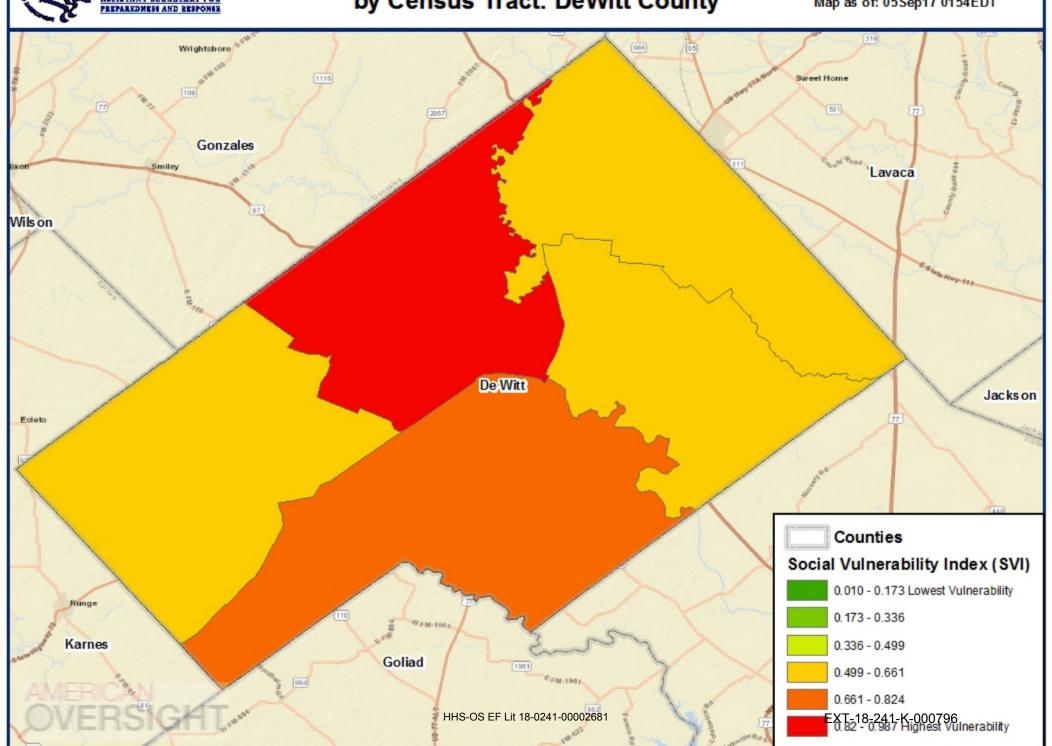




#### Total Social Vulnerability Index by Census Tract: DeWitt County

Map produced by Fusion GIS Data sources: ESRI, HHS, CDC

Map as of: 05Sep17 0154EDT

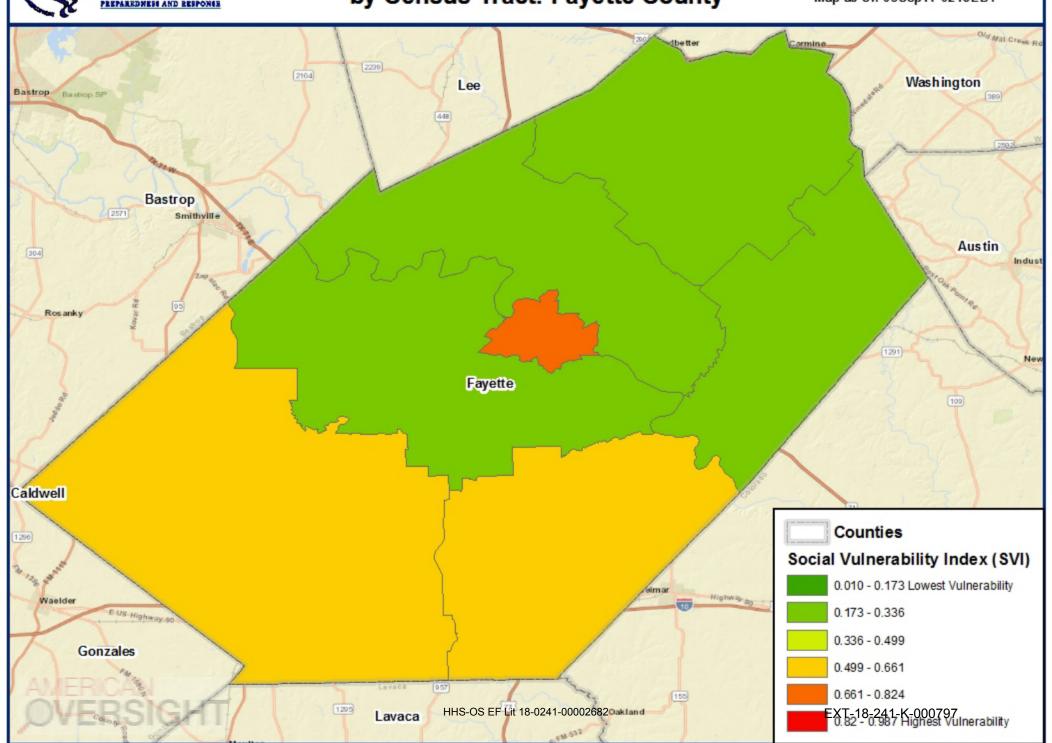




## Total Social Vulnerability Index by Census Tract: Fayette County

Map produced by Fusion GIS Data sources: ESRI, HHS, CDC

Map as of: 05Sep17 0218EDT

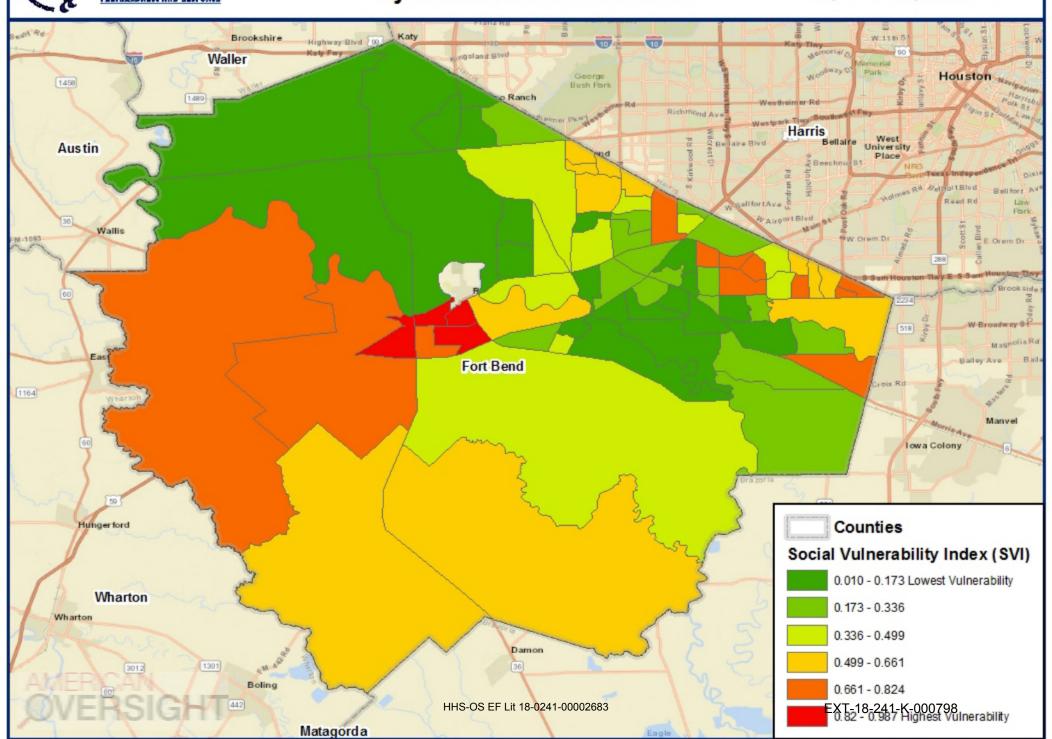




#### Total Social Vulnerability Index by Census Tract: Fort Bend

Map produced by Fusion GIS Data sources: ESRI, HHS, CDC

Map as of: 05Sep17 0221EDT

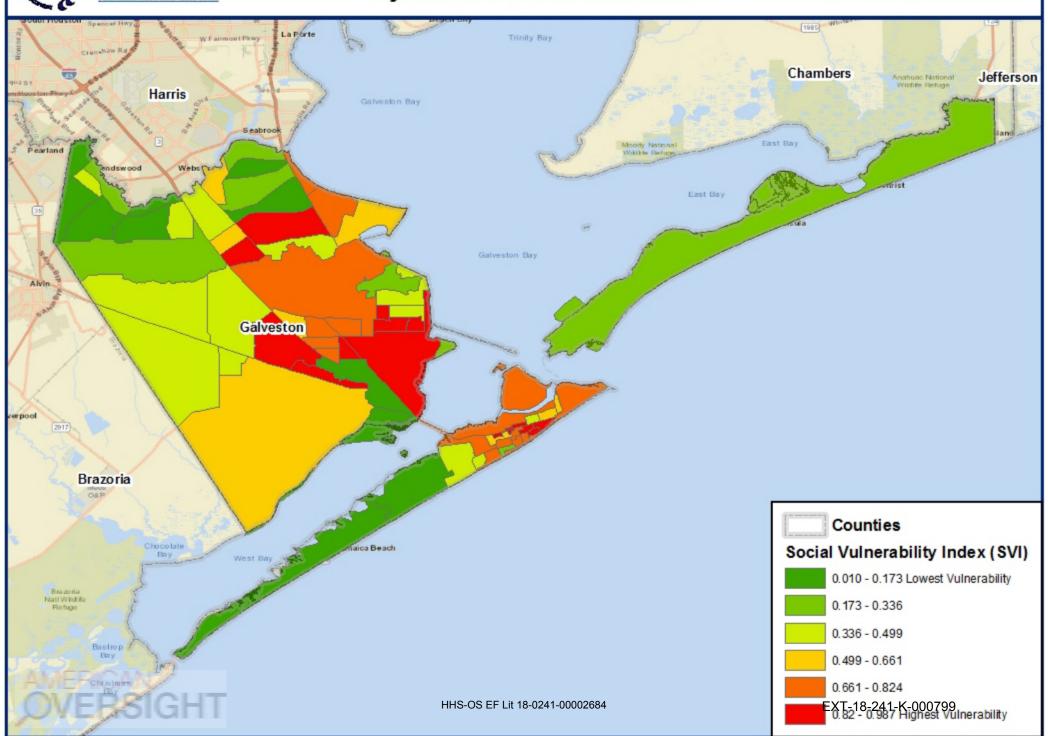




#### Total Social Vulnerability Index by Census Tract: Galveston

Map produced by Fusion GIS Data sources: ESRI, HHS, CDC

Map as of: 05Sep17 0224EDT

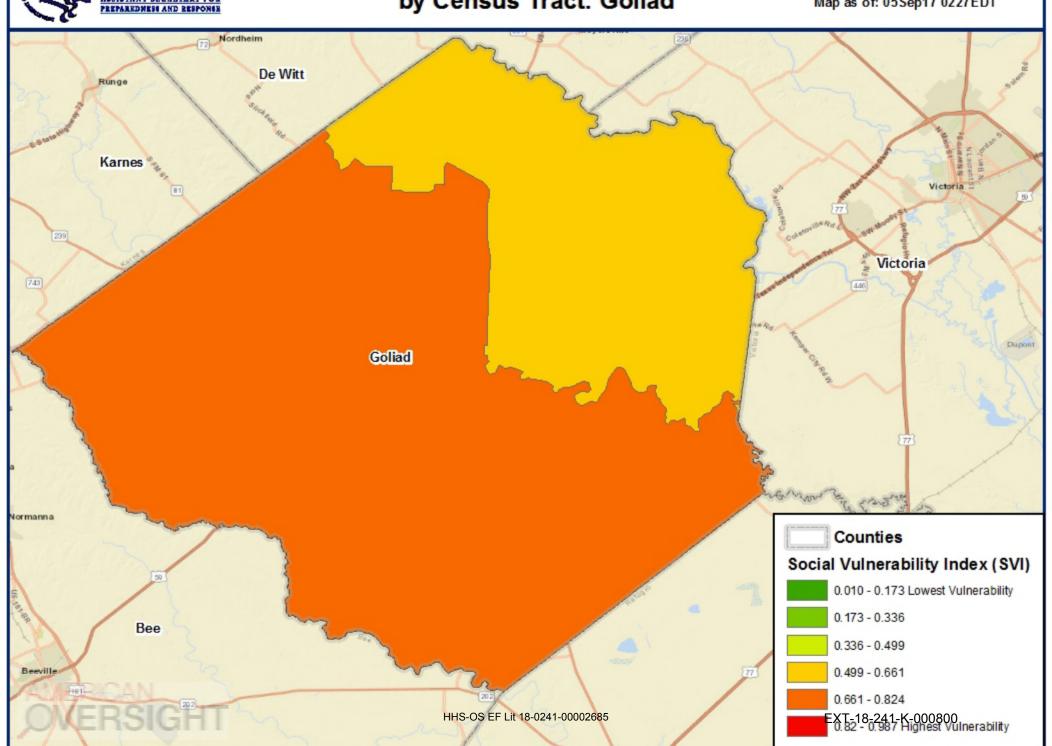




#### Total Social Vulnerability Index by Census Tract: Goliad

Map produced by Fusion GIS Data sources: ESRI, HHS, CDC

Map as of: 05Sep17 0227EDT

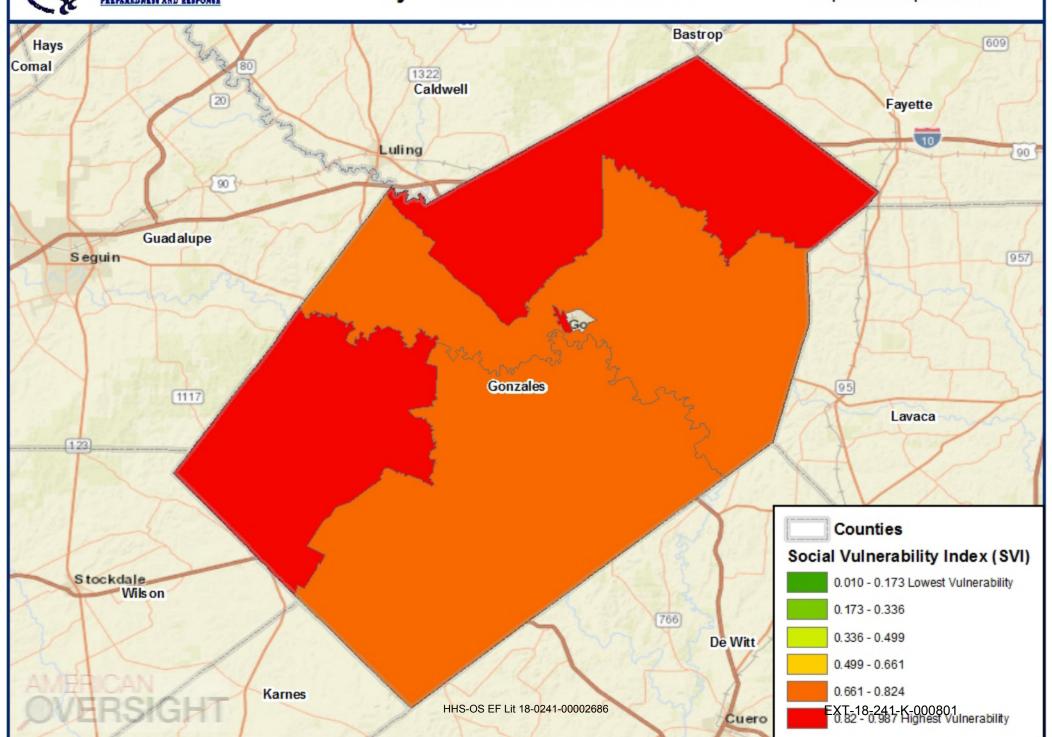




#### Total Social Vulnerability Index by Census Tract: Gonzales

Map produced by Fusion GIS Data sources: ESRI, HHS, CDC

Map as of: 05Sep17 0230EDT

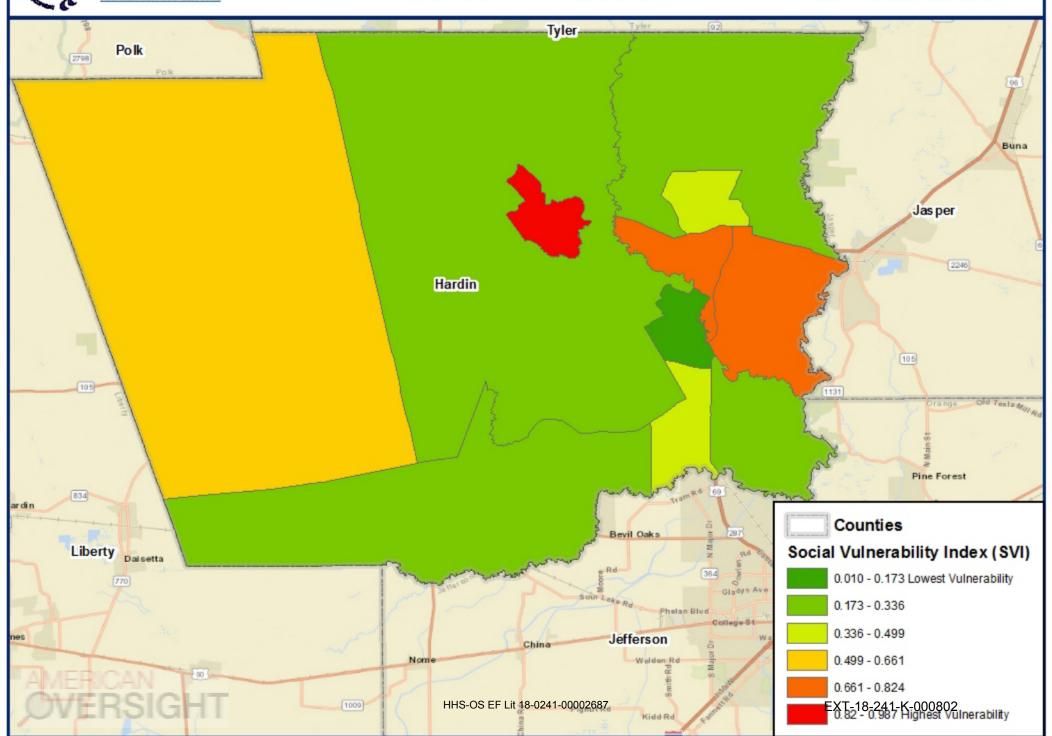




#### Total Social Vulnerability Index by Census Tract: Hardin

Map produced by Fusion GIS Data sources: ESRI, HHS, CDC

Map as of: 05Sep17 0251EDT

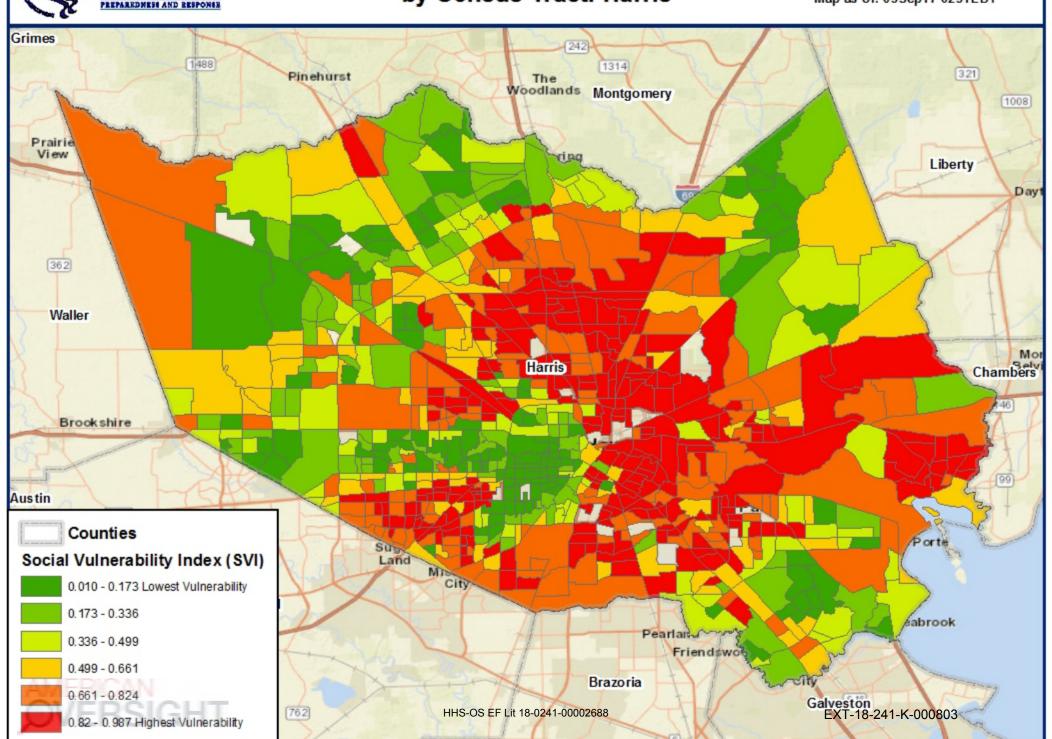




#### Total Social Vulnerability Index by Census Tract: Harris

Map produced by Fusion GIS Data sources: ESRI, HHS, CDC

Map as of: 05Sep17 0251EDT

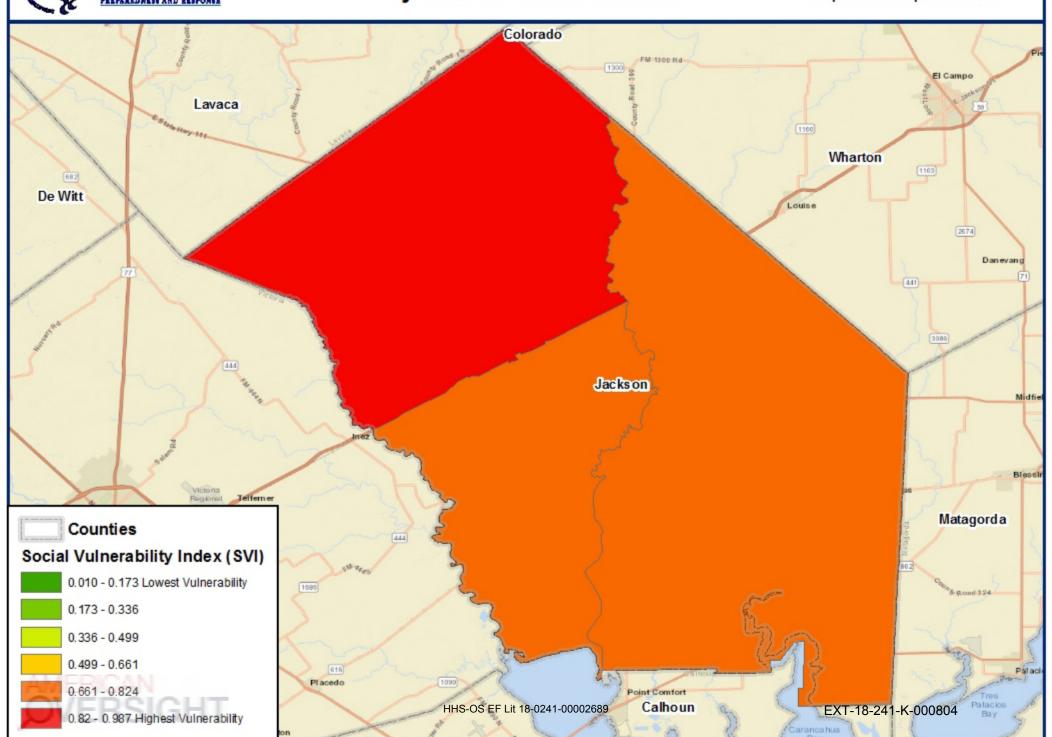




## Total Social Vulnerability Index by Census Tract: Jackson

Map produced by Fusion GIS Data sources: ESRI, HHS, CDC

Map as of: 05Sep17 0252EDT

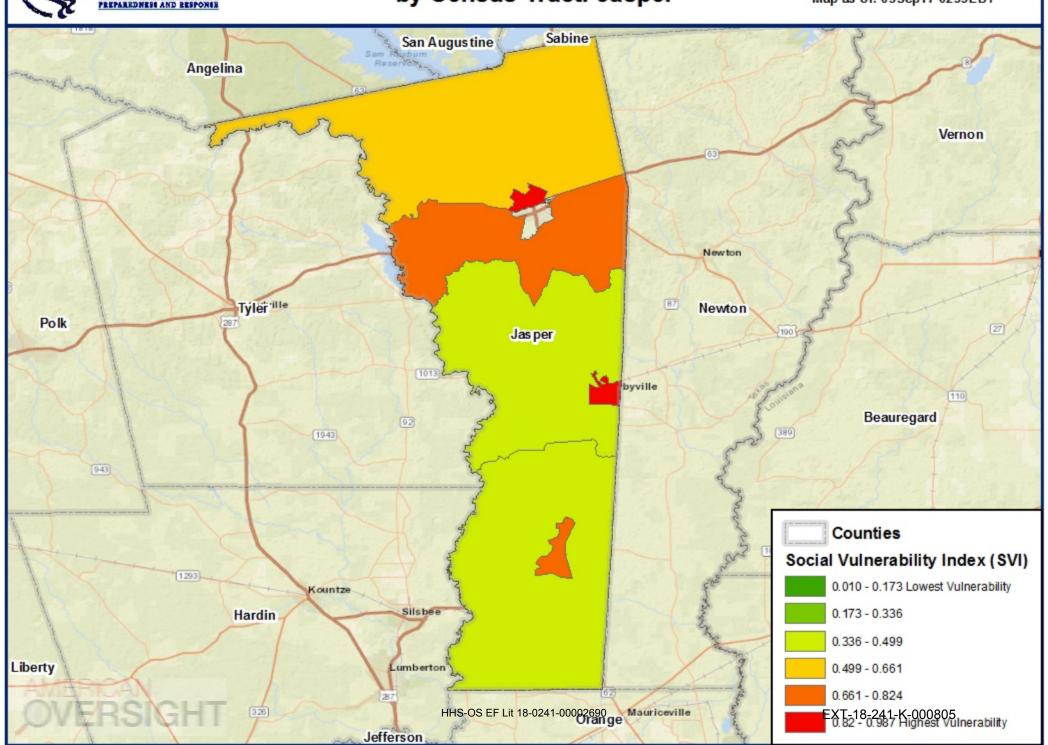




### Total Social Vulnerability Index by Census Tract: Jasper

Map produced by Fusion GIS Data sources: ESRI, HHS, CDC

Map as of: 05Sep17 0255EDT

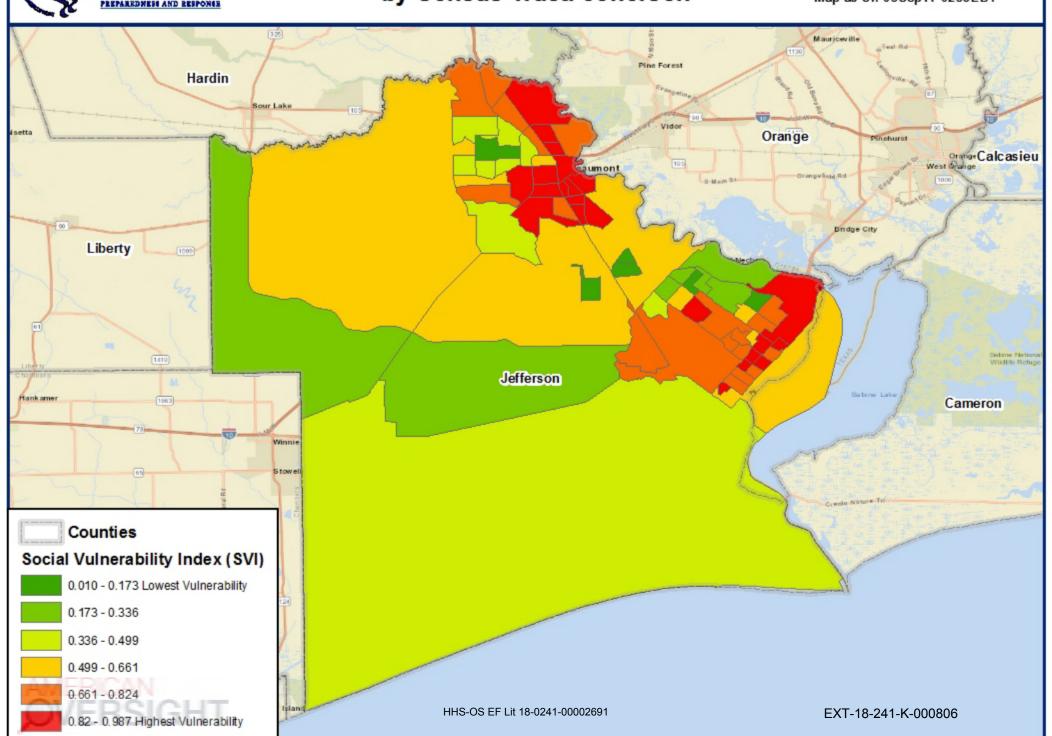




#### Total Social Vulnerability Index by Census Tract: Jefferson

Map produced by Fusion GIS Data sources: ESRI, HHS, CDC

Map as of: 05Sep17 0255EDT

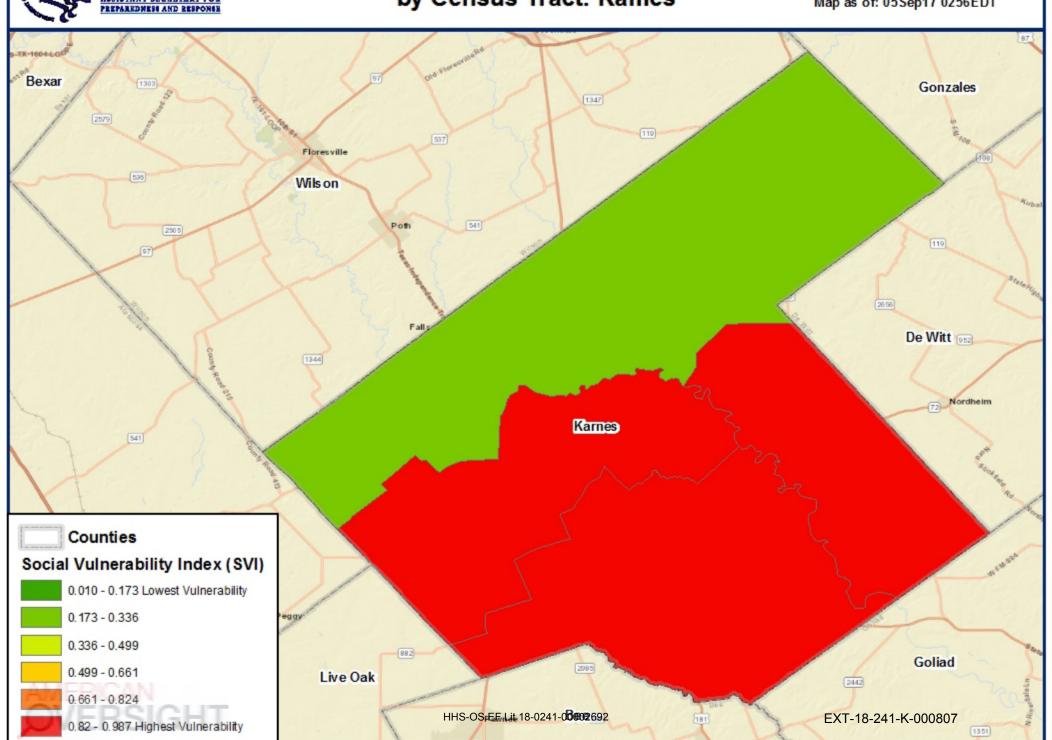




## Total Social Vulnerability Index by Census Tract: Kames

Map produced by Fusion GIS Data sources: ESRI, HHS, CDC

Map as of: 05Sep17 0256EDT

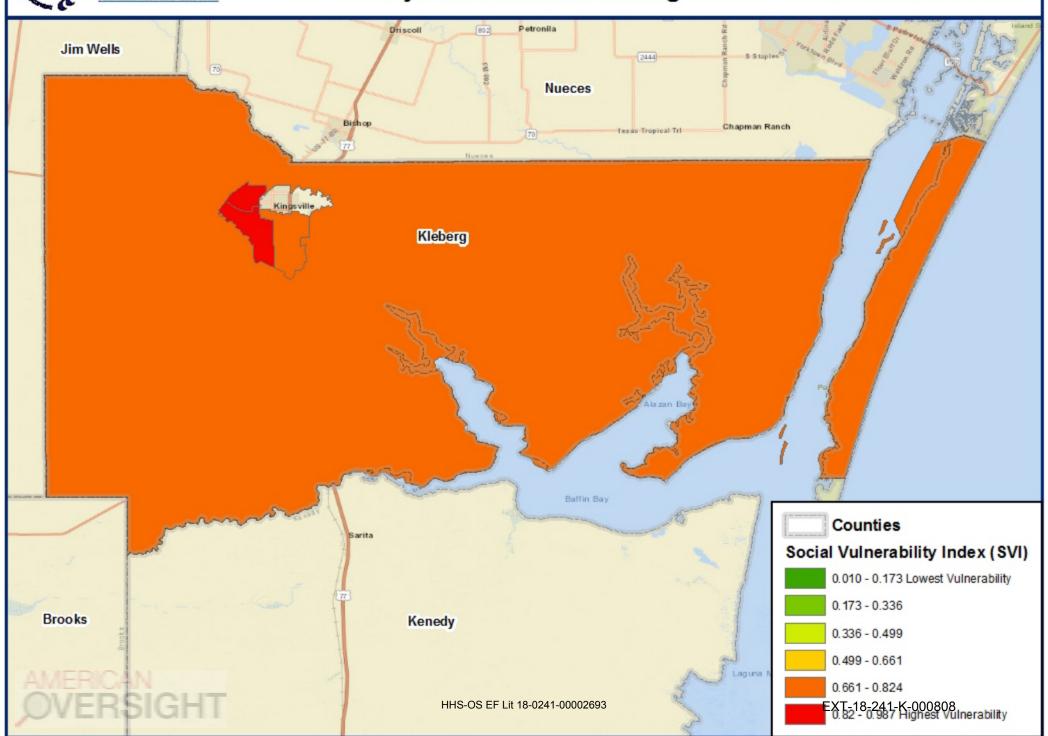




#### Total Social Vulnerability Index by Census Tract: Kleberg

Map produced by Fusion GIS Data sources: ESRI, HHS, CDC

Map as of: 05Sep17 0300EDT

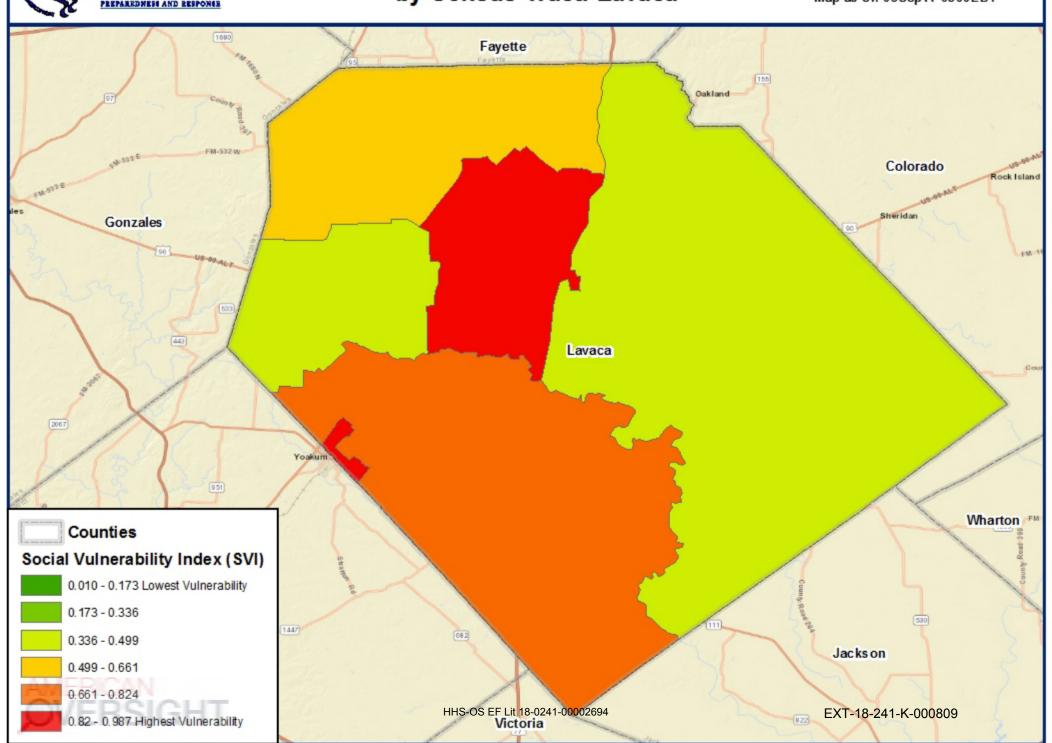




### Total Social Vulnerability Index by Census Tract: Lavaca

Map produced by Fusion GIS Data sources: ESRI, HHS, CDC

Map as of: 05Sep17 0300EDT

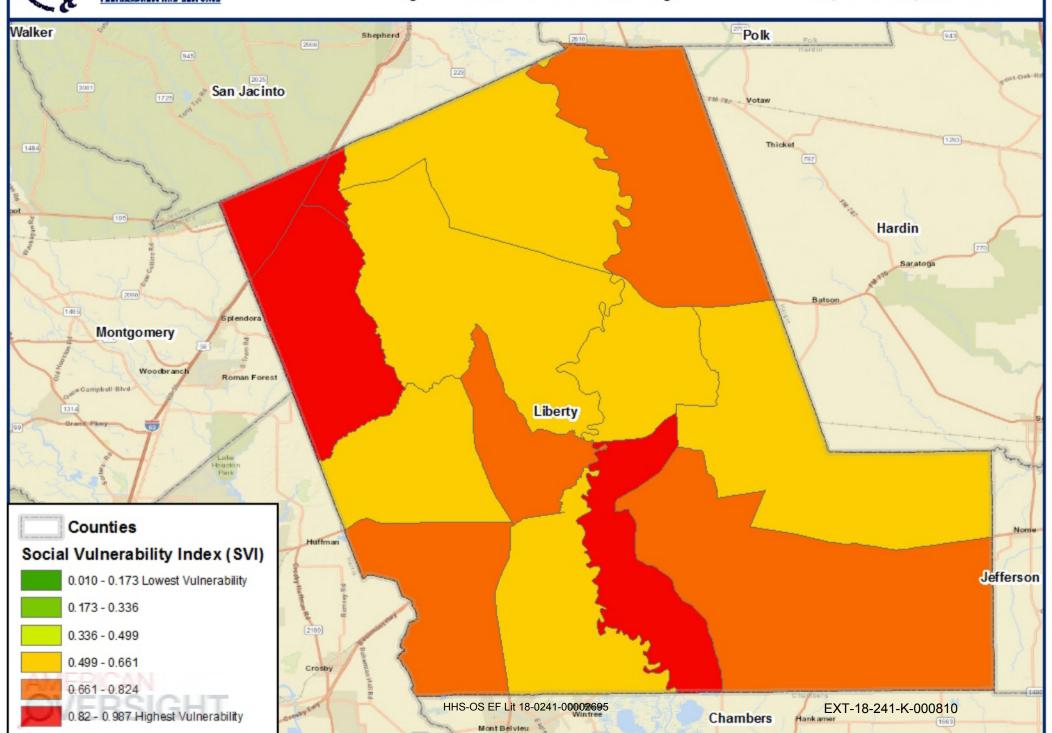




## Total Social Vulnerability Index by Census Tract: Liberty

Map produced by Fusion GIS Data sources: ESRI, HHS, CDC

Map as of: 05Sep17 0301EDT

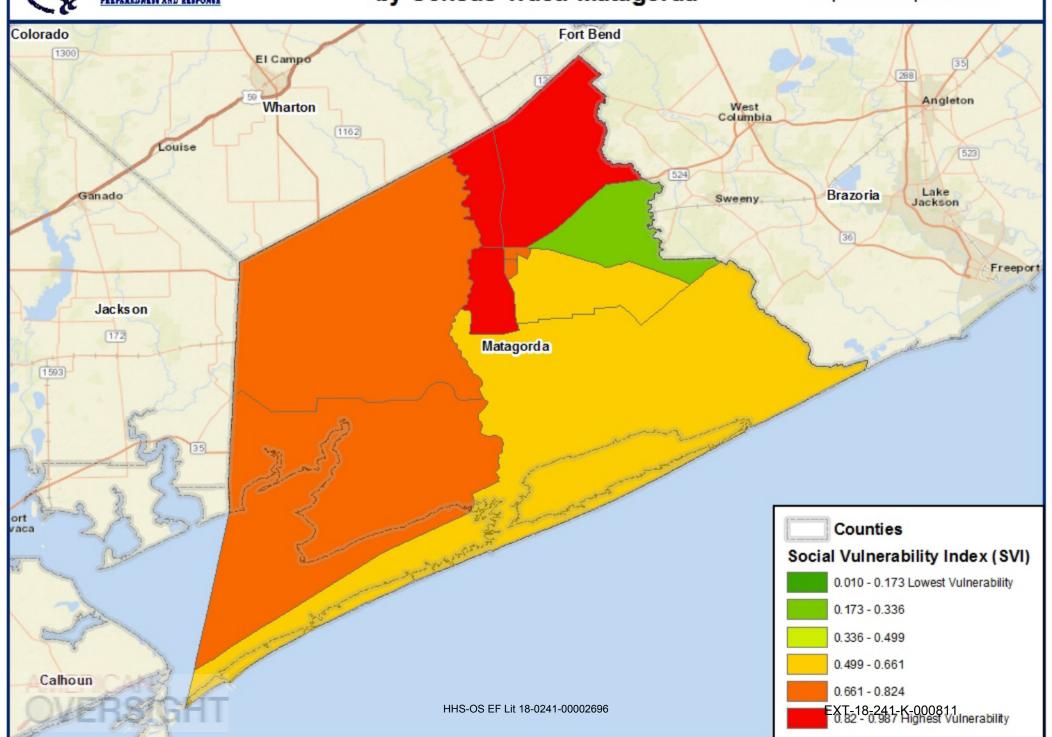




#### Total Social Vulnerability Index by Census Tract: Matagorda

Map produced by Fusion GIS Data sources: ESRI, HHS, CDC

Map as of: 05Sep17 0305EDT

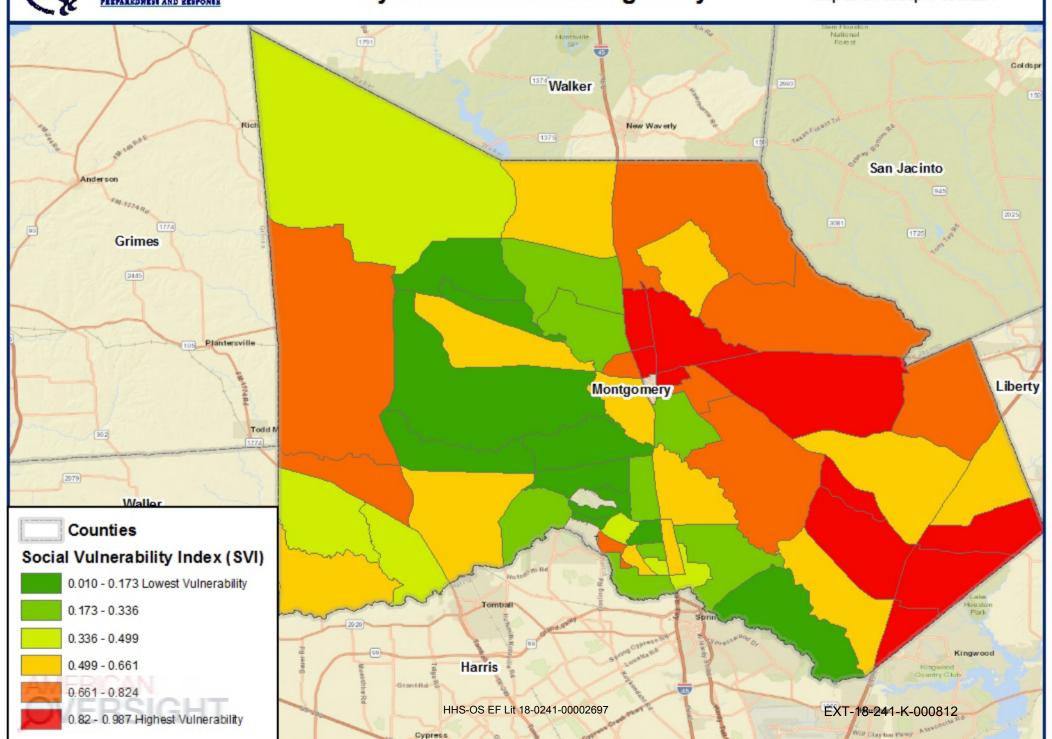




# Total Social Vulnerability Index by Census Tract: Montgomery

Map produced by Fusion GIS Data sources: ESRI, HHS, CDC

Map as of: 05Sep17 0305EDT

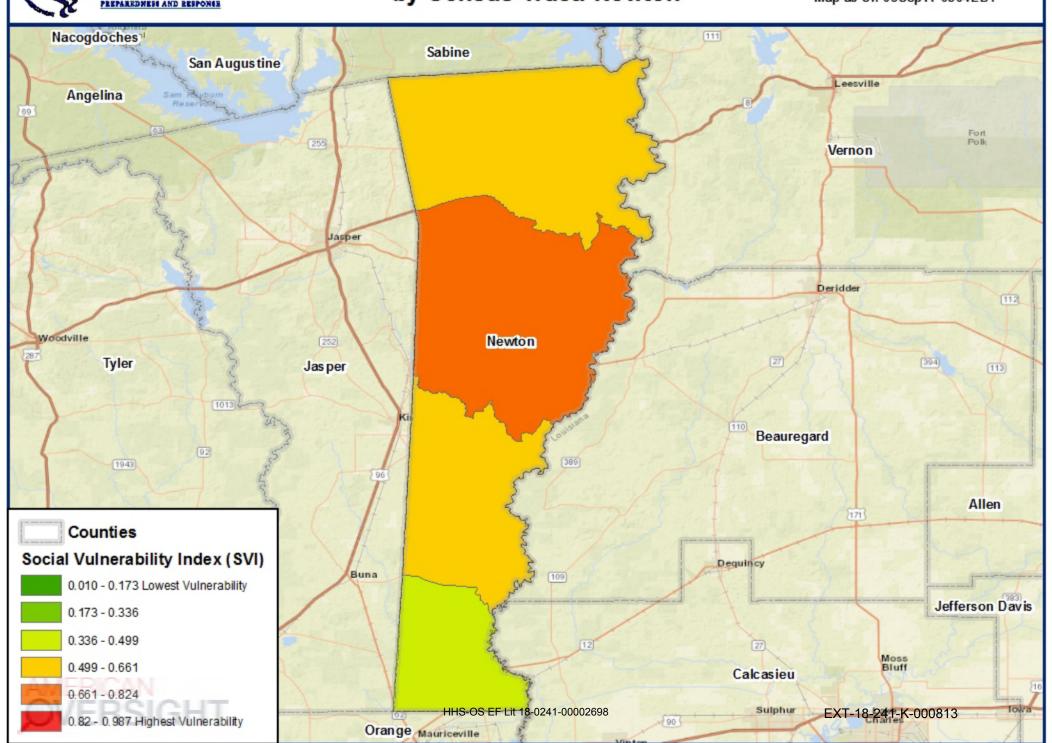




### Total Social Vulnerability Index by Census Tract: Newton

Map produced by Fusion GIS Data sources: ESRI, HHS, CDC

Map as of: 05Sep17 0304EDT

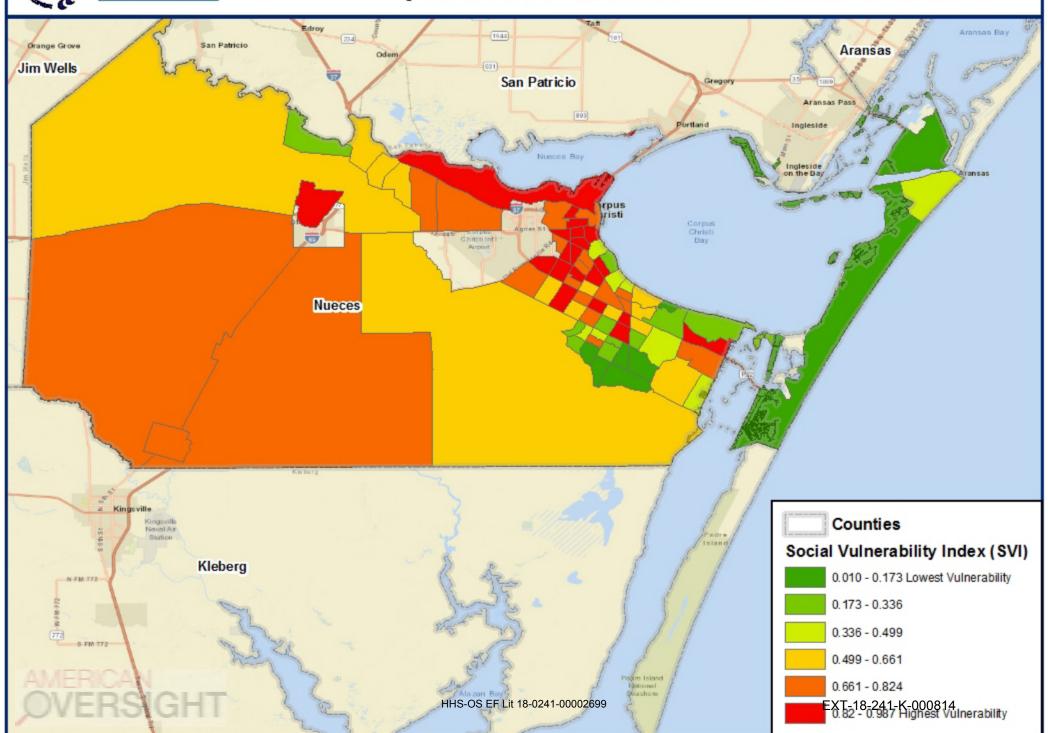




## Total Social Vulnerability Index by Census Tract: Nueces

Map produced by Fusion GIS Data sources: ESRI, HHS, CDC

Map as of: 05Sep17 0310EDT

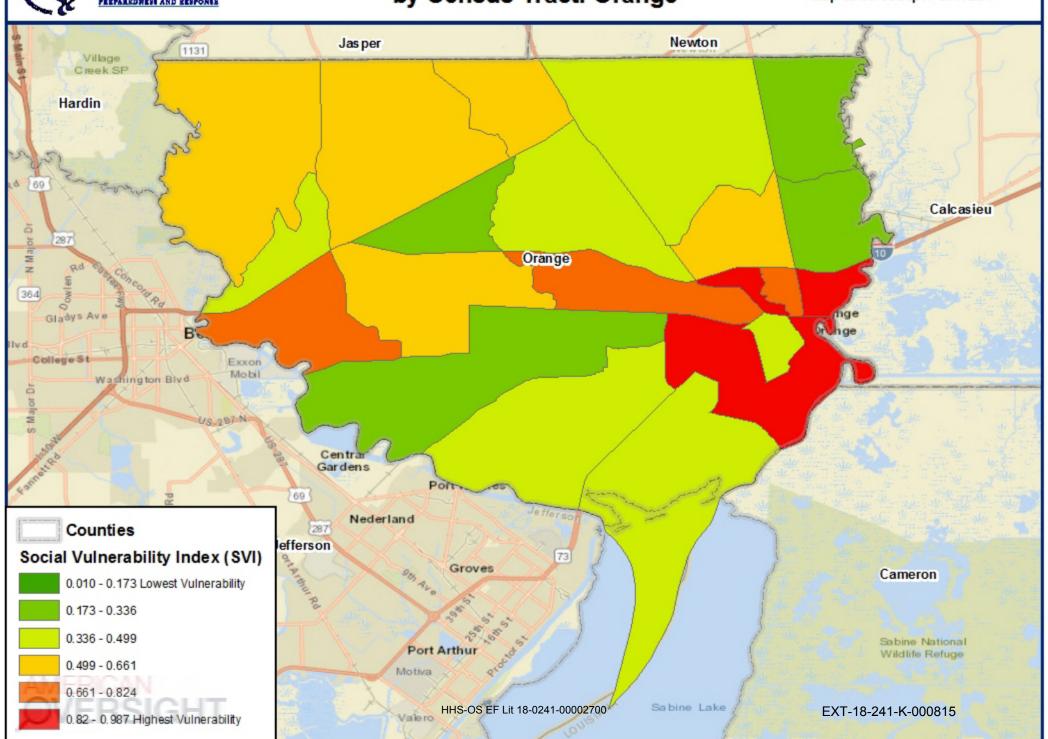




## Total Social Vulnerability Index by Census Tract: Orange

Map produced by Fusion GIS Data sources: ESRI, HHS, CDC

Map as of: 05Sep17 0311EDT

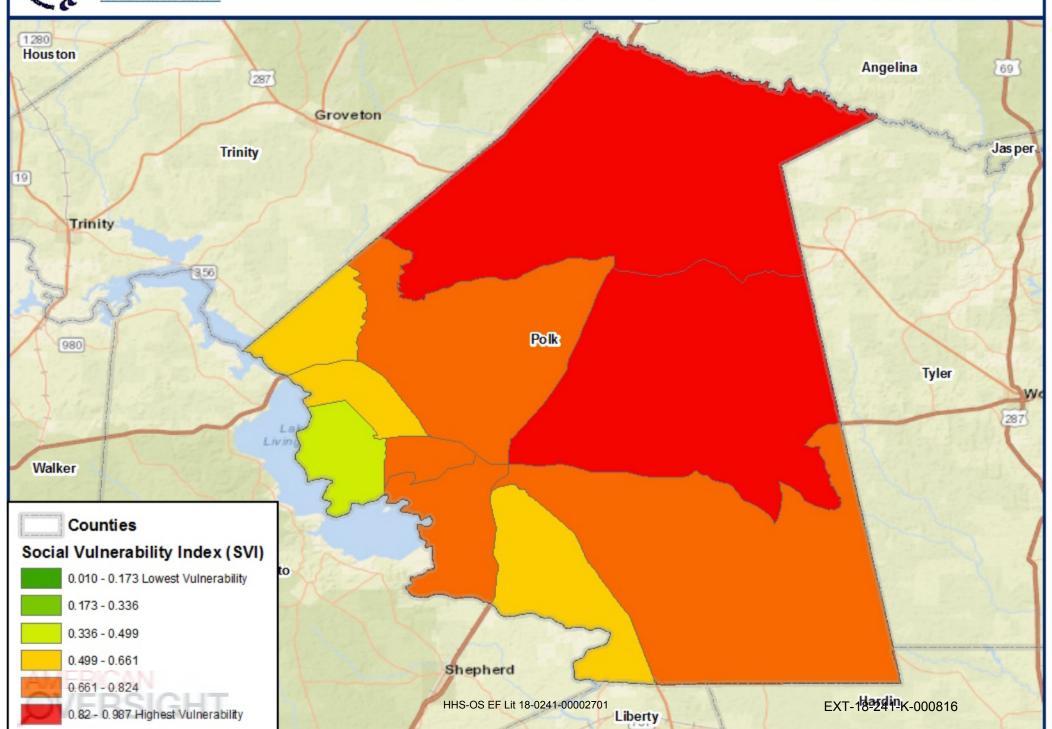




## Total Social Vulnerability Index by Census Tract: Polk

Map produced by Fusion GIS Data sources: ESRI, HHS, CDC

Map as of: 05Sep17 0311EDT

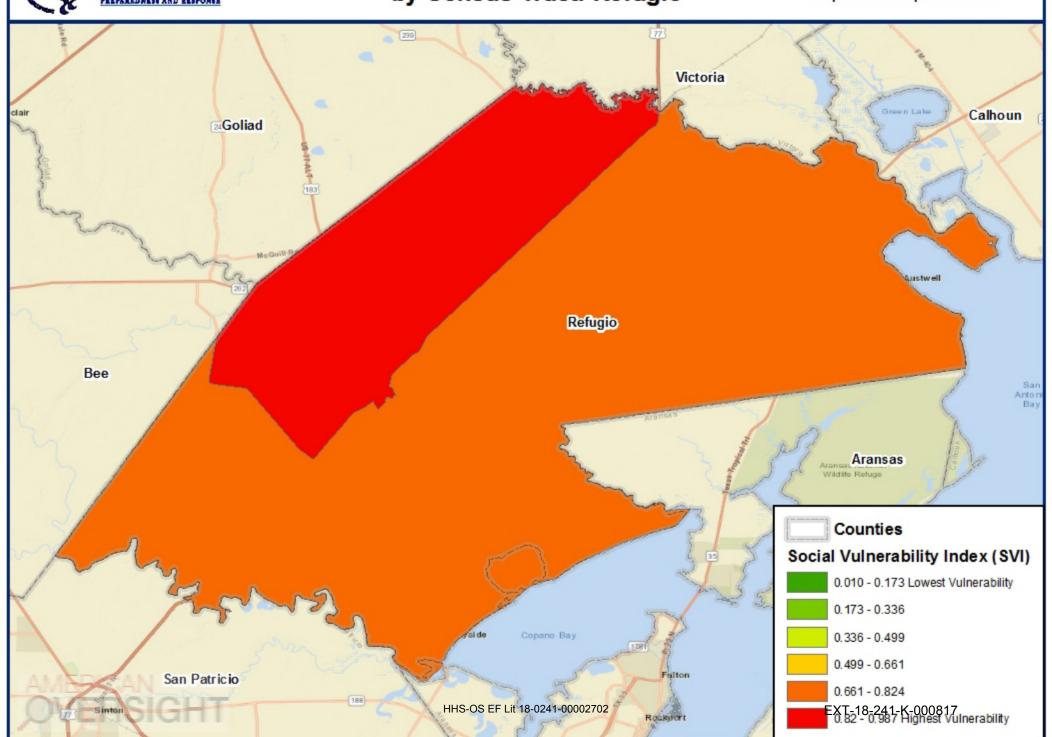




#### Total Social Vulnerability Index by Census Tract: Refugio

Map produced by Fusion GIS Data sources: ESRI, HHS, CDC

Map as of: 05Sep17 0313EDT

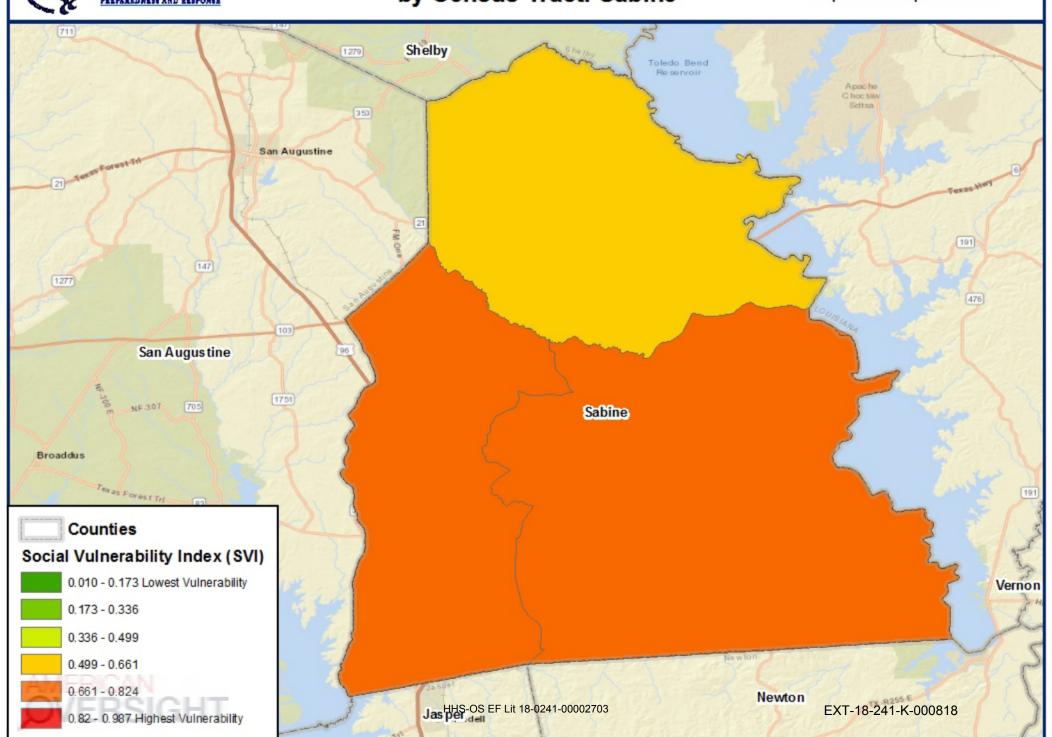




## Total Social Vulnerability Index by Census Tract: Sabine

Map produced by Fusion GIS Data sources: ESRI, HHS, CDC

Map as of: 05Sep17 0314EDT

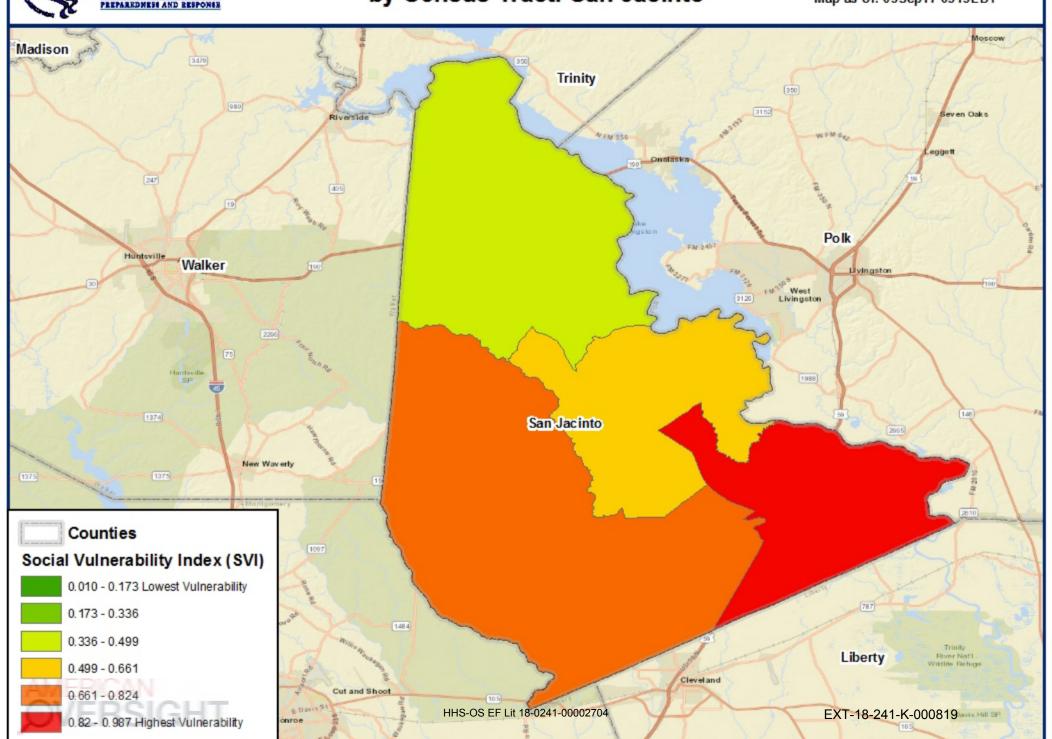




## Total Social Vulnerability Index by Census Tract: San Jacinto

Map produced by Fusion GIS Data sources: ESRI, HHS, CDC

Map as of: 05Sep17 0315EDT

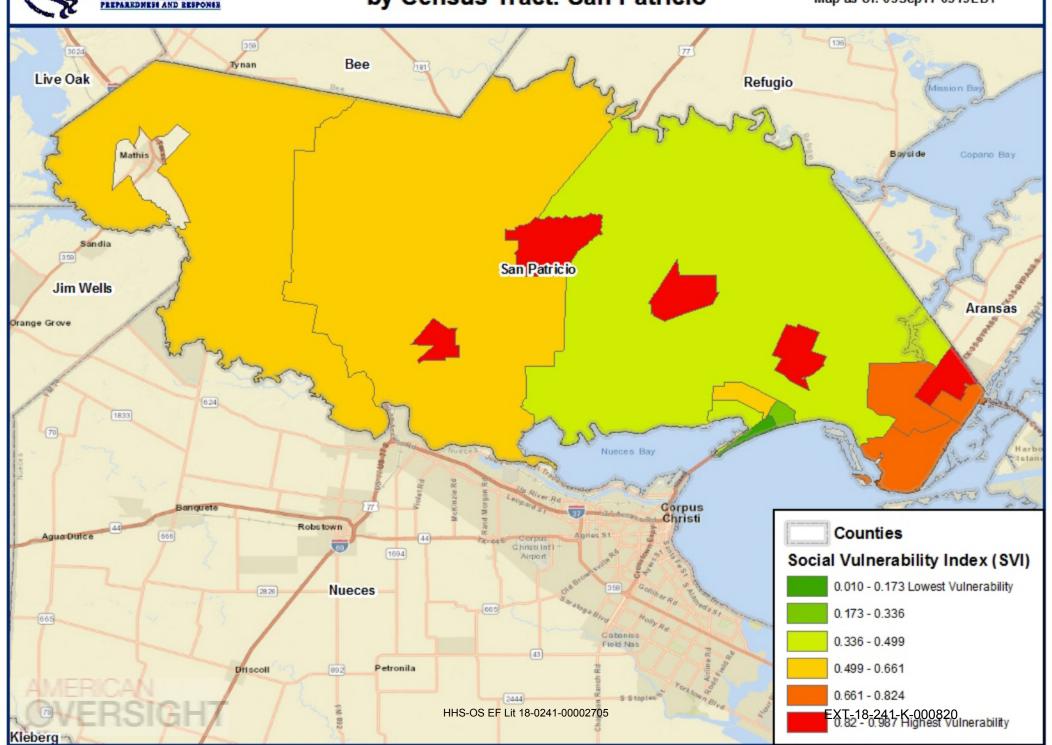




## Total Social Vulnerability Index by Census Tract: San Patricio

Map produced by Fusion GIS Data sources: ESRI, HHS, CDC

Map as of: 05Sep17 0319EDT

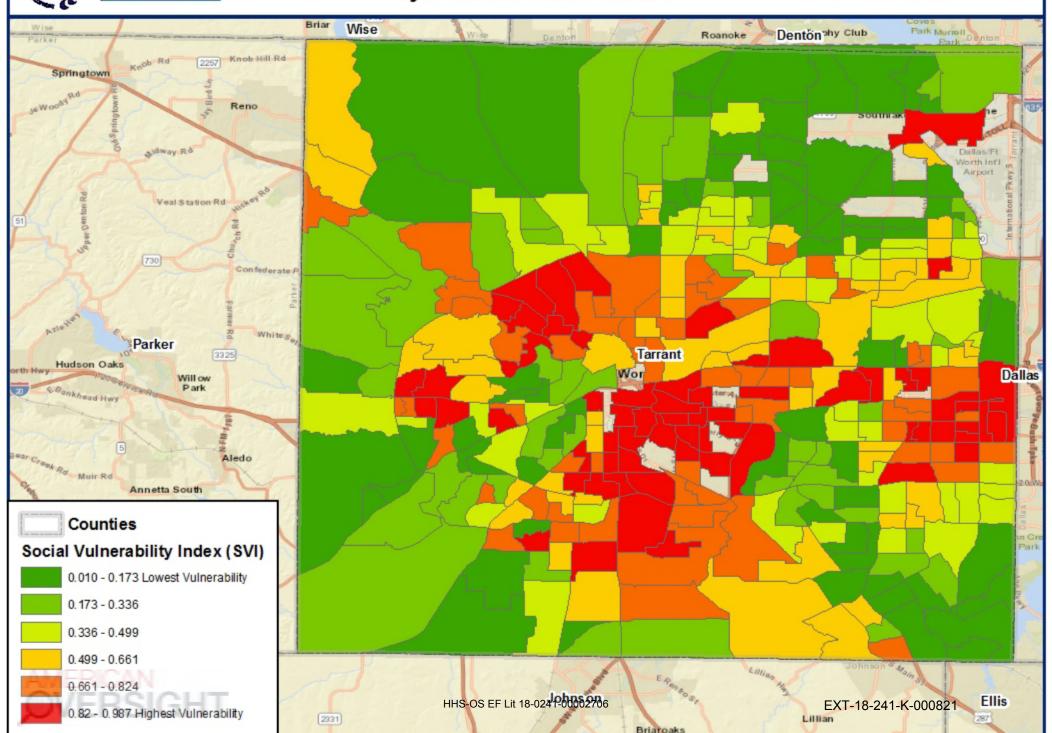




#### Total Social Vulnerability Index by Census Tract: Tarrant

Map produced by Fusion GIS Data sources: ESRI, HHS, CDC

Map as of: 05Sep17 0320EDT

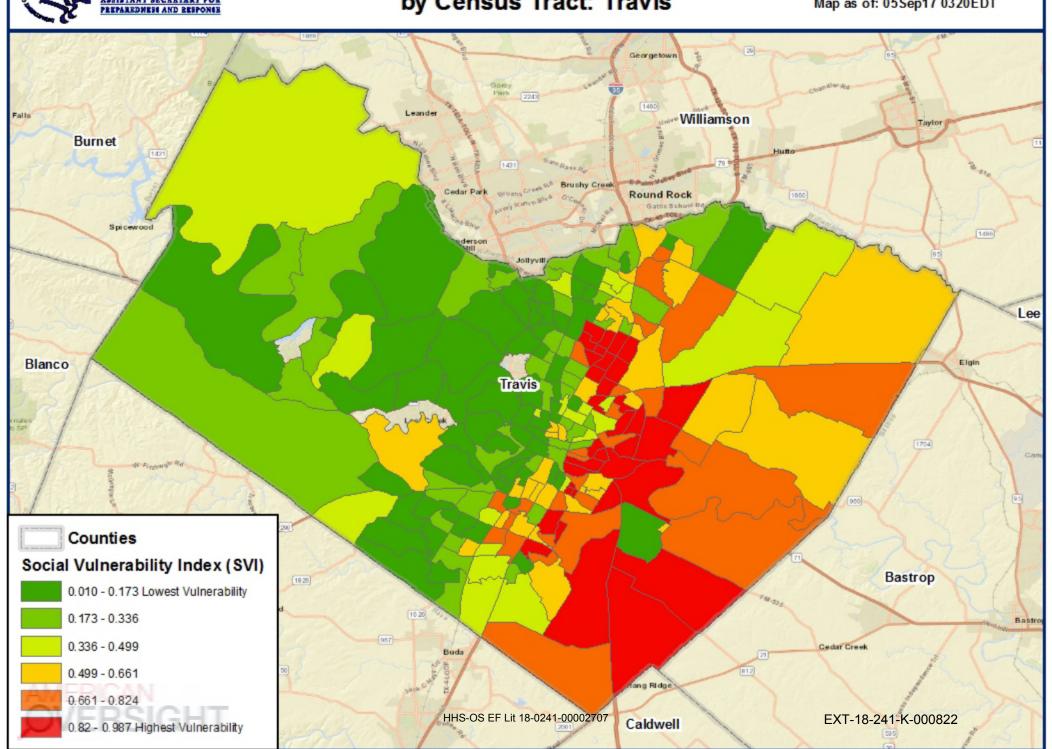




#### Total Social Vulnerability Index by Census Tract: Travis

Map produced by Fusion GIS Data sources: ESRI, HHS, CDC

Map as of: 05Sep17 0320EDT

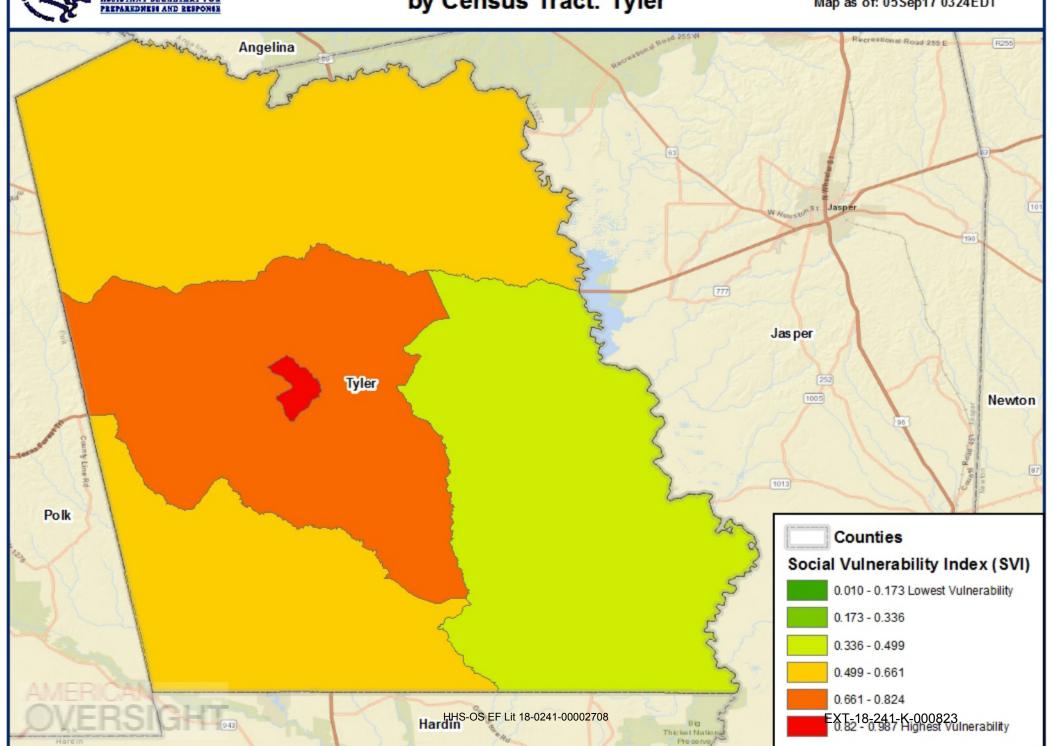




#### Total Social Vulnerability Index by Census Tract: Tyler

Map produced by Fusion GIS Data sources: ESRI, HHS, CDC

Map as of: 05Sep17 0324EDT

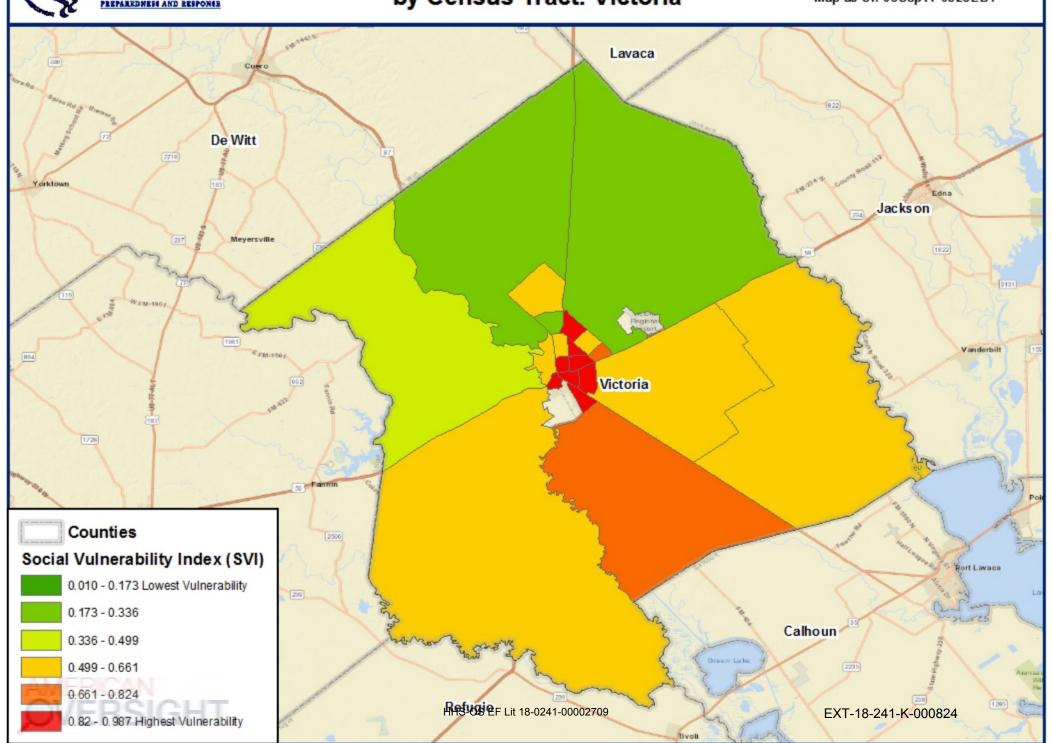




## Total Social Vulnerability Index by Census Tract: Victoria

Map produced by Fusion GIS Data sources: ESRI, HHS, CDC

Map as of: 05Sep17 0325EDT

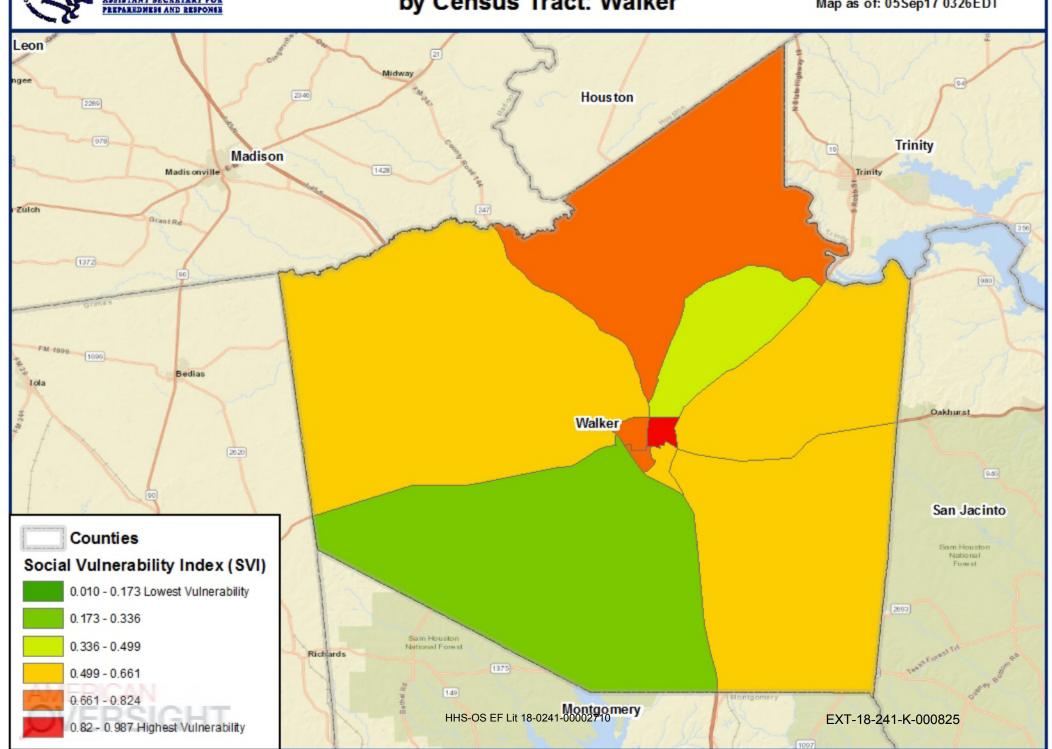




### Total Social Vulnerability Index by Census Tract: Walker

Map produced by Fusion GIS Data sources: ESRI, HHS, CDC

Map as of: 05Sep17 0326EDT

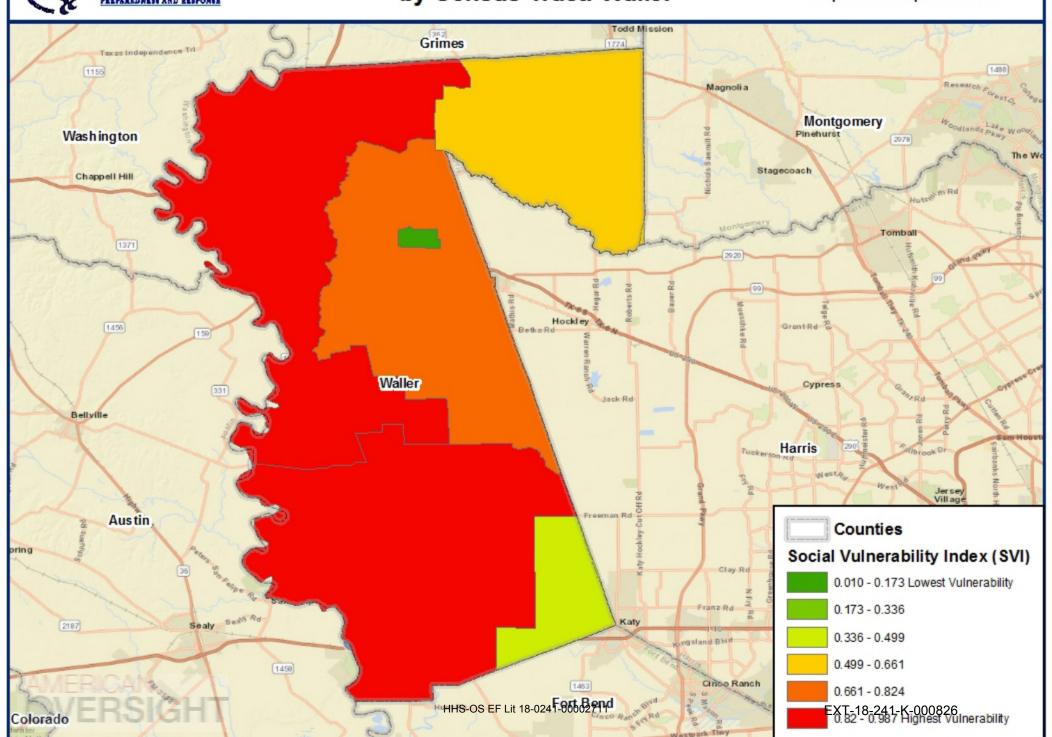




#### Total Social Vulnerability Index by Census Tract: Waller

Map produced by Fusion GIS Data sources: ESRI, HHS, CDC

Map as of: 05Sep17 0330EDT

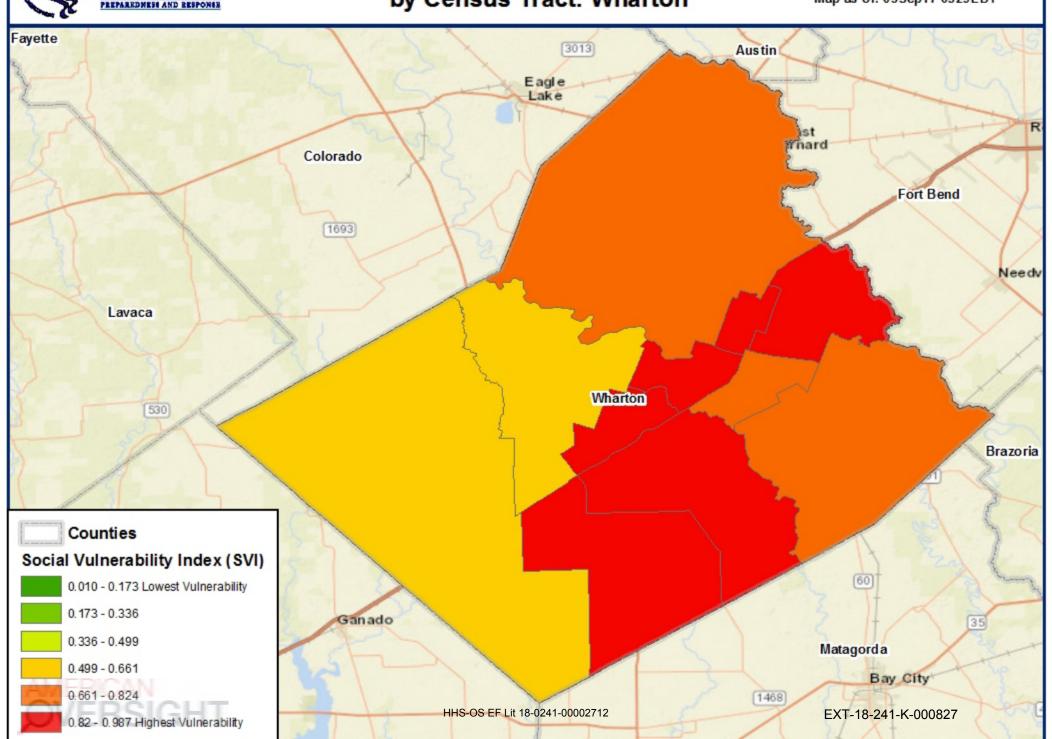




## Total Social Vulnerability Index by Census Tract: Wharton

Map produced by Fusion GIS Data sources: ESRI, HHS, CDC

Map as of: 05Sep17 0329EDT



From: Norton, Jane (OS/IEA)
Sent: 2 Oct 2017 18:50:27 +0000

To: Lothrop, Julia (HHS/IEA);Trueman, Laura (HHS/IEA);Bratcher-Bowman,

Nikki (HHS/IEA)

Cc: Teuscher, David (HHS/IEA)

Subject: Re: Information from REgion VI for IEA Bi-Weekly Call

Great, concise report. Much appreciated.

On: 02 October 2017 14:37, "Lothrop, Julia (HHS/IEA)"

<Julia.Lothrop@hhs.gov> wrote:

Good afternoon.

David wanted to share this information with you since it covers more of what Region VI has been doing than what was mentioned on the IEA call today. Please let me know if you have any questions.

Sincerely,

# Julia Lothrop

Julia Lothrop
Executive Officer
Office of the Regional Director
U.S. Department of Health and Human Services
1301 Young Street, Suite 1124
Dallas, Texas 75202

Phone: (214) 767-3190 Fax: (214) 767-3617

# Information for IEA Bi-Weekly Call Monday, Oct. 2, 2017

### **Hurricane Harvey**

- RD viewed Harris County zone of injury with House Speaker Paul Ryan, Senators Cornyn and Cruz, Congressmen Brady and McCaul, among others House Committee leaders.
- RD met with HUD Secretary and toured HUD hospital impacted by Hurricane Harvey.
- RD met with City of Houston Health Director Stephen Williams.
- RD has spent much of last two weeks in Austin at Recovery Operation Centers.



- RD met with faith entities in Beaumont and Port Arthur that are working together to provide shelter, food and recovery support for Harvey evacuees.
- RD met with Recovery Operations on Aransas County schools, Head Start and health care facilities
- RD participated in DFW FEB Joint Board meeting and shared HHS Harvey recovery information
- Oct. 2 RAC and Senior Staff meetings reporting out on Hurricane Harvey activities including information on recovery, medical reserve corps, child care, facility update, etc.

# Childhood Obesity

 RD participated in meetings with IEA policy staff, ACF, OASH and CDC staffs and City of San Antonio officials focused on teen pregnancy, childhood obesity and diabetes. Resources were shared with City officials concerning funding and local points of contacts for collaboration.

### **Opioids**

- Staff participated in Drugs and Access Parent Information meeting in Addison, TX
- Staff Coordinated HHS Livestream Opioid events in McKinney, and Hurst Texas, and Oklahoma City Oklahoma.

#### Other

- Staff participated in Catholic Charities Annual Gathering Houston, CMS exhibit table and met with Integrated Health national lead and health directors from region 6 cities on Secretaries priorities.
- Staff participated in Sexual Assault Response Task Force meeting in Dallas, TX
- · RD met new Dallas Police Chief
- Staff participated in Stop the Violence Conference in Fort Worth, TX
- Regional office hosted earthquake drill for all employees



From: Barnes, Joshua (OS/ASPR/OEM)
Sent: 2 Oct 2017 15:01:09 +0000

To: Cote, Mick (OS/ASPR/OEM); Hastings, Elizabeth (OS/ASPR/OEM)

Cc: Teuscher, David (HHS/IEA); Massoudi, Mehran (HHS/OASH); Lothrop, Julia

(HHS/IEA)

Subject: RE: Stoplight Report

Attachments: Recovery issue stoplight tracker - Harvey- 9-28-17 .xlsx

Here's the latest.

### Joshua Barnes

Acting Director, Recovery Division, HHS/ASPR

D: 202-260-6123 M: 202-617-5184

From: Cote, Mick (OS/ASPR/OEM)

Sent: Monday, October 02, 2017 10:59 AM

**To:** Hastings, Elizabeth (OS/ASPR/OEM); Barnes, Joshua (OS/ASPR/OEM)

Cc: Teuscher, David (HHS/IEA); Massoudi, Mehran (HHS/OASH); Lothrop, Julia (HHS/IEA)

Subject: Stoplight Report

Josh and Betty,

Thanks for the offer to add this group to the distro. Can you also give us the link to the Stoplight Tracker?

Mick



| Hurricane Harvey Stoplight Issue Tracker            |  |  |  |  |  |
|-----------------------------------------------------|--|--|--|--|--|
| Updated On: 9/28/17                                 |  |  |  |  |  |
| Core Mission Area/Issue Area                        |  |  |  |  |  |
| Public Health                                       |  |  |  |  |  |
| Disease surveillance issues                         |  |  |  |  |  |
| Epidemiological assessments of flood water exposure |  |  |  |  |  |
| Mortality/Injuries                                  |  |  |  |  |  |
| Public health messaging issues/risks                |  |  |  |  |  |



| Persistent public health risk questions |  |
|-----------------------------------------|--|
| Health Care Services Impacts            |  |
| Hospital Rebuilding Issues              |  |
| Hospital Utilities Issues               |  |
| Hospital Functionality Issues           |  |



| Rural Health Clinics                                   |
|--------------------------------------------------------|
| Health Care Access for Vulnerable Populations          |
| Blood Banks                                            |
| Clinics                                                |
| Dialysis Centers/Treatment                             |
| Long-term Care Facilities                              |
| Nursing Homes/Assisted Living Facilities               |
| Home and Community-based Services (non-facility based) |
| Intermediate Care                                      |



| Pharmacies/Prescription Access                            |
|-----------------------------------------------------------|
| Pharmacy Restoration                                      |
|                                                           |
| Mobile/Urgent Clinics                                     |
| Behavioral Health Impacts                                 |
| Disaster-caused service access deficits                   |
| Impacts to practitioner/behavioral health support network |
| Domestic violience issues                                 |
|                                                           |



| Substance Abuse Treatment/Access |
|----------------------------------|
|                                  |
| Stress management issues         |
| Known incidents of suicide       |
| Crisis Counseling Program        |
| Methadone/Opioid Clinics         |
| Environmental Health Impacts     |
| Potable Water Quality            |
| Private well issues              |
| Debris Contamination Issues      |
| Air quality Issues               |
| Mold and related issues          |



| Vector control      |  |
|---------------------|--|
|                     |  |
|                     |  |
|                     |  |
| Wastewater          |  |
| Water Systems       |  |
| Trator Oystoms      |  |
|                     |  |
| Chemical Pollutants |  |



Provide technical assistance regarding site-specific hazards and their implications related to recovery **Food Safety and Regulated Medical Products** Overall food safety Issues for regulated biologics facilities Issues for medical device manufacturers and supply chain Issues for facilities producing medicines Issues for human food establishments Food safety of meat, poultry, and processed egg products Vaccines

# Long-term Health Issues Specific to Responders

Health and safety concerns for professional responders



| Health and safety concerns for community responders                                                  |
|------------------------------------------------------------------------------------------------------|
| Health and safety concerns for volunteers                                                            |
| Responder monitoring issues                                                                          |
| Responder behavioral health care issues                                                              |
| Social Services Impacts                                                                              |
| Assess disaster-related structural, functional and operational impacts to social services facilities |
| Assess disaster-related impacts to at-risk individuals                                               |
|                                                                                                      |



| Issues associated with temporary housing                                                                                                                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Referral to Social Services/Disaster Case                                                                                                                                                                                                                  |
| Disaster case management issues                                                                                                                                                                                                                            |
| Known unment needs from disaster case management                                                                                                                                                                                                           |
| Issues integrating family case work into                                                                                                                                                                                                                   |
| VOAD/philanthropic networks Social Services Impacts                                                                                                                                                                                                        |
| Deficiencies in access to disaster case management                                                                                                                                                                                                         |
| Children and Youth in Disasters                                                                                                                                                                                                                            |
| Facilitate technical assistance, programs, and activities to support children and youth who are displaced as a result of the disaster including access to school and access to healthy meal services  Identify behavioral health needs of children, youth, |
| expectant and nursing mothers and provide age-                                                                                                                                                                                                             |
| Center-based Child Care                                                                                                                                                                                                                                    |
| Impact to foster care network                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                            |



| Head Start Status                                        |
|----------------------------------------------------------|
| Unaccompanied alien children issues                      |
| Displaced children homelessness (disaster-casued)        |
| School Status                                            |
| Higher Education                                         |
| Students displaced                                       |
| Child Nutrition                                          |
| Child transportation issues (to/from school, child care) |





 From:
 Gooden, Shelby (HHS/IEA)

 Sent:
 28 Sep 2017 16:03:26 +0000

 To:
 Teuscher, David (HHS/IEA)

**Subject:** Recovery issue stoplight tracker - Harvey- 9-27-17\_.xlsx **Attachments:** Recovery issue stoplight tracker - Harvey- 9-27-17\_.xlsx

Enlarged to legal size

sdg



| Hurricane Harvey Stoplight Issue<br>Tracker         |                                         | noteworthy issues; Yellow - recovery issues<br>known and necessitate further federal coor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |               |                                                                                                                                                                                                                                                                        |                                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-----------------------------------------------------|-----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Updated On: 9/27/17                                 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                                                        |                                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Core Mission Area/Issue Area                        | Status                                  | Issues                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Date Reported | Prospective Actions                                                                                                                                                                                                                                                    | Office of Primary<br>Responsibility (OPR) | Date of Closeout | Comments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Public Health                                       |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                                                        |                                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Disease surveillance issues                         |                                         | CDC syndromic surveillance (9/16/17): 1) ARC reports 9,142 reason visits, 38.2% are maintenance and follow-up and 18.9% are due to exacerbation of chronic disease.; 2) Hospital Emergency Department-based Syndromes (3 hospitals in Houston/Harris County): increase in visits for respiratory syndromes in recent days.                                                                                                                                                                                                                                                                                                    | 21-Sep        | Communicate with CDC to obtain local disease surveillance data. CDC Incident Management System Epi/Surveillance will send data only to a secure email address. RSF#3 data analyst obtained a secure address today and is now ready to receive data from CDC.           | CDC                                       |                  | Potential for increased mosquito activity and West Nile risk, more information within next 2-3 weeks. Dr. Korch is in talks with CDC. Potential for E. Coli or other waterborne diseases from contaminated/impaired water and sewage systems Aerial spraying for mosquitos to prevent vectorborne disease in the affected area- 50% complete. CDC Epi desk is no longer compiling/sending daily disease surveillance reports since they are no longer receiving data on ARC shelter surveillance (sheleters all closed or locally managed) or DMAT surveillance data (DMAT teams de-activated). TX is working on plan for more comprehenive syndromic surveillance reporting. The RSF EH team is meeting with the TDSHS EH team today and may receive additional information on their current activities. |
| Epidemiological assessments of flood water exposure |                                         | On 9/18/2017, HRSA reported an uptick in "waterborne bacterial infections" in HRSA-supported community health centers. HRSA is reaching out to the Texas Association of Community Health Centers to obtain additional information.                                                                                                                                                                                                                                                                                                                                                                                            | 21-Sep        | HRSA representative traced source of reported increase in waterborne bacterial infections. Concluded the increase was attributed to misinformation: 6 cases of rash were reported as the uptick in waterborne bacterial infections. Decided follow up was unnecessary. | HRSA                                      | 26-Sep           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                                                     |                                         | UTHealth-School of Public Health, Texas A&M University and Oregon State University, researchers from the Baylor Environmental Health Service, the Dan L Duncan Comprehensive Cancer Center and the Alkek Center for Metagenomics and Microbiome Research are teaming to monitor chemical exposure in communities affected by Hurricane Harvey where cleanup and recovery efforts are now underway. Wristbands made to detect volatile and semi-volatile chemicals directly from air and water will be handed out to people living/working in homes that were flooded, in Baytown TX. Wristbands will be chekced after 7 days. | 26-Sep        |                                                                                                                                                                                                                                                                        |                                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |



| Hurricane Harvey Stoplight Issue<br>Tracker |               | no noteworthy issues; Yellow - recovery issues oues have been and necessitate further federal coordi                                                                |                        |                                                                                                                                                                                                      |                                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                      |
|---------------------------------------------|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Updated On: 9/27/17                         | recovery issu | des known and necessitate further rederal coordi                                                                                                                    | mation, orey - mounter | ent information                                                                                                                                                                                      |                                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                      |
| Core Mission Area/Issue Area                | Status        | Issues                                                                                                                                                              | Date Reported          | Prospective Actions                                                                                                                                                                                  | Office of Primary<br>Responsibility (OPR) | Date of Closeout | Comments                                                                                                                                                                                                                                                                                                                                                                                             |
| Mortality/Injuries                          |               | 74 (of 97 media reported) deaths have been confirmed                                                                                                                | 20-Sep                 | CDC is developing a line listing.                                                                                                                                                                    | CDC                                       |                  | as of 9/19: Circumstances of death: 56 (58%) are due to accidental drowning; 12 (12%) are due to accidental injuries (trauma, fire, electrocution, etc. 6 (6%) have a natural manner of death; 23 (24%) have an unknown cause and manner of death; 10 (10%) are work-related deaths; 7 deaths were volunteers;v3 deaths were paid employees: police officer, hotel employee, electric power line man |
|                                             |               | TPCN has received 189 calls regarding exposure and 43 informational calls                                                                                           | 21-Sep                 |                                                                                                                                                                                                      |                                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                             |               | Per Texas Poison Center Network, 16 carbon monoxide injuries, 2 gasoline, 2 contaminated water, and 9 bite/sting injuries have occurred                             | 14-Sep                 |                                                                                                                                                                                                      |                                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                      |
| Public health messaging issues/risks        |               | CDC is working with HRSA partners to identify educational material needs of their TX grantees.                                                                      | 27-Sep                 | CDC will print and ship for distribution.                                                                                                                                                            |                                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                             |               | Continuing to work towards co-<br>locating educational materials with<br>generators in big box stores. Pending<br>response from DHS Public Sector rep.              | 27-Sep                 |                                                                                                                                                                                                      |                                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                             |               | CDC pamphlets on mold, carbon monoxide, etc. (in multiple languages) are needed in DRCS.                                                                            | 25-Sep                 | CDC has distributed 6500 pamphlets on<br>mold safety during clean up (for<br>homeowners/renters); Developing a<br>tracker for where the pamphlets are<br>going and how many are being<br>distributed | CDC                                       |                  |                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                             |               | Concern that misinformation about FEMA<br>IA in shelters will prevent reisdents from<br>cleaning up homes/addressing mold<br>issues                                 | 7-Sep                  | Likely that more public health messaging<br>concerning environmental health risks of<br>flood waters, mold, etc. will be required<br>going forward. Work with COMMS. EPA.                            |                                           |                  | For clarification- FEMA has authorized Clean and<br>Removal Assistance (CRA) for all designated<br>counties- one-time payment per household for<br>households not eligible for Home Repair Assistance                                                                                                                                                                                                |
| Persistent public health risk questions     |               | Coordinated with State DSHS regarding<br>private water well activities. Advised<br>DSHS POC of potential risks associated<br>with consuming contaminated well water | 22-Sep                 |                                                                                                                                                                                                      |                                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                             |               | Will continually need to assess the public health risk in regards to flood water exposure, contaminated food/medicine, and housing stock.                           |                        | Coordinate with HUD, EPA, CDC, DoED, to address common flooding public health concerns.                                                                                                              |                                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                      |
| Health Care Services Impacts                |               | All State supported medical shelters are                                                                                                                            | 23-Sep                 |                                                                                                                                                                                                      |                                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                      |



| Hurricane Harvey Stoplight Issue                 |                 | o noteworthy issues; Yellow - recovery issues                                                                                                                                                                                                                                                                                                                                                      |                             |                                                                                                                                                                                 |                      |                  |                                                                                                                                                                                                                                                                                                        |
|--------------------------------------------------|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Tracker                                          | recovery issue: | known and necessitate further federal coor                                                                                                                                                                                                                                                                                                                                                         | dination; Grey - insufficie | ent information                                                                                                                                                                 |                      |                  |                                                                                                                                                                                                                                                                                                        |
| Updated On: 9/27/17 Core Mission Area/Issue Area | Status          | Issues                                                                                                                                                                                                                                                                                                                                                                                             | Date Reported               | Prospective Actions                                                                                                                                                             | Office of Primary    | Date of Closeout | Comments                                                                                                                                                                                                                                                                                               |
| Hospital Rebuilding Issues                       |                 | 4 hospitals remain closed. Beaumont (1), Aransas (1), and Houston (2). Care Regional Hospital in Aransas Pass (Corpus Christi Region) and East Houston Regional Medical Center in Houston will remain closed indefinitely as a result of damage sustained due to flooding. (2) hospitals facilities in Houston are on internal disaster status. (1) hospital in CC is on internal disaster status. | 25-Sep                      | Continue to identify potentially closed hospitals/healthcare facilities                                                                                                         | Responsibility (OPR) |                  |                                                                                                                                                                                                                                                                                                        |
|                                                  |                 | Upon demobilization, DSHS had<br>completed over 988 total missions and<br>evacuated or transferred over 3,200<br>medical patients from multiple health<br>care facilities. In addition, Mobile                                                                                                                                                                                                     | 22-Sep                      |                                                                                                                                                                                 |                      |                  |                                                                                                                                                                                                                                                                                                        |
|                                                  |                 | Attended a conference call with the TX Association of Community Health Centers to discuss challenges faced by the centers and to identify possible collaboration efforts between HSS and the Association. An invitation was extended to and accepted by the Association to join the HSS Health Care Systems Recovery Workgroup.                                                                    | 22-Sep                      |                                                                                                                                                                                 |                      |                  |                                                                                                                                                                                                                                                                                                        |
|                                                  |                 | Developed a draft environmental health windshield discussion guide that can be used to identify barriers to re-opening facilities in the impacted areas and prioritize future recovery efforts.                                                                                                                                                                                                    | 22-Sep                      |                                                                                                                                                                                 |                      |                  |                                                                                                                                                                                                                                                                                                        |
| Hospital Utilities Issues                        |                 | Unknown.                                                                                                                                                                                                                                                                                                                                                                                           | 20-Sep                      | Identify which hospitals have been impacted by power, water, phone interruptions. Need to identify those                                                                        |                      |                  | Internal disaster status is given for the following reasons: water systems issues, running on generator power, and/or lack of electricity                                                                                                                                                              |
| Hospital Functionality Issues                    |                 | CMS 1135 waiver in effect                                                                                                                                                                                                                                                                                                                                                                          | 22-Sep                      | A group of CMS staff worked to construct<br>a one-page flyer for sharing with<br>providers, via websites and listservs,<br>information on waivers and other<br>pertinent items. | CMS, VA              |                  | CMS has granted 4 blanket waivers issued for the following types of facilities: skilled nursing facilities, home health agencies, critical access hospitals. CMS intends to issue a provider education regarding the waivers issued. Two duck boat companies will reportedly deliver medical supplies. |
| Rural Health Clinics                             |                 |                                                                                                                                                                                                                                                                                                                                                                                                    |                             | Identify county/regional associations to gather information on status of rural health clinics.                                                                                  |                      |                  |                                                                                                                                                                                                                                                                                                        |



| Hurricane Harvey Stoplight Issue<br>Tracker      |              | no noteworthy issues; Yellow - recovery issues                                                                                                                                                                                                                                                                                       |                     |                                                                                                                                                                                   |                                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                    |
|--------------------------------------------------|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Updated On: 9/27/17                              | 100010171331 |                                                                                                                                                                                                                                                                                                                                      | mation, orey mainer |                                                                                                                                                                                   |                                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                    |
| Core Mission Area/Issue Area                     | Status       | Issues                                                                                                                                                                                                                                                                                                                               | Date Reported       | Prospective Actions                                                                                                                                                               | Office of Primary<br>Responsibility (OPR) | Date of Closeout | Comments                                                                                                                                                                                                                                                                                                                                                                                           |
| Health Care Access for Vulnerable<br>Populations |              | In Shelters, there is an inconsistent level of care/resources or ind. with diabetes/chronic deseases                                                                                                                                                                                                                                 | 7-Sep               | Need to assess health care delivery systems for those with functional needs, and compare this information pre/post Harvey.                                                        |                                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                    |
| Blood Banks                                      |              | Blood Disaster Task Force Activated;  AABB Blood Disaster Task Force is activated and will require additional units of blood during the week. Need plan B due to critical blood shortage.                                                                                                                                            |                     |                                                                                                                                                                                   |                                           |                  | Transportation issues with getting blood and hospital supplies from Dallas to Houston; We are Blood, reportedly the sole provider of blood to Central Texas hospitals, is reporting a growing need for blood and is encouraging donations                                                                                                                                                          |
| Clinics                                          |              | MCCI Medical Group Clinic in Rockport is reopening                                                                                                                                                                                                                                                                                   | 27-Sep              |                                                                                                                                                                                   |                                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                    |
|                                                  |              | Per HRSA, 9/165 health centers closed                                                                                                                                                                                                                                                                                                | 14-Sep              | Assessment of damage is ongoing and more health centers are expected to come online in the coming days. Other HRSA program participants are returning to normal service delivery. | HRSA                                      |                  |                                                                                                                                                                                                                                                                                                                                                                                                    |
|                                                  |              | 2 VHA facilities closed due to water damage                                                                                                                                                                                                                                                                                          | 10-Sep              | Repairs have begun in the Corpus Christi facility and are expected to last 140 days                                                                                               |                                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                    |
| Dialysis Centers/Treatment                       |              | 11 dialysis centers remain closed (6<br>Houston, 3 Beaumont, 2 Corpus Christi)                                                                                                                                                                                                                                                       | 23-Sep              | Identify location and impact in local areas.                                                                                                                                      |                                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                    |
| Long-term Care Facilities                        |              | Texas Health and Human Services (HHSC): Regulatory Division is coordinating communication with evacuated and impacted Licensed Long Term Care facilities. Additional disaster food relief has been extended to 12 additional counties: Austin, Bastrop, Bee, Chambers, Colorado, Fayette, Fort Bend, Goliad, Hardin, Lee and Walker. | 23-Sep              |                                                                                                                                                                                   |                                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                    |
| Nursing Homes/Assisted Living<br>Facilities      |              | 14 (-2) nursing facilities remain closed (CMS)                                                                                                                                                                                                                                                                                       | 22-Sep              | Coordinate with CMS. Clarify location and status of patients.                                                                                                                     |                                           |                  | 1135 waivers signed by Secretary Price. CMS issued four blanket waivers for the impacted counties in Texas. Individual facilities do not need to apply for the following approved blanket waivers: Skilled Nursing Facilities (2 types of waivers), Home Health Aides (1 waiver), and Critical Access Hospitals (1 waiver). CMS continues to work on waiver 1135; 1115 have not been finalized yet |
|                                                  |              | 26 int. facilities for individuals with intellectual disabilities remain closed.                                                                                                                                                                                                                                                     | 20-Sep              | Figure out anticipated reopening date.                                                                                                                                            |                                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                    |



| Hurricane Harvey Stoplight Issue                          |               | no noteworthy issues; Yellow - recovery issues                                                                        |                            |                                                                                                                                                             |                                           |                  |                                                                                                                                                                          |
|-----------------------------------------------------------|---------------|-----------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Tracker Updated On: 9/27/17                               | recovery issu | es known and necessitate further federal coord                                                                        | ilnation; Grey - insuffici | ent information                                                                                                                                             |                                           |                  |                                                                                                                                                                          |
| Core Mission Area/Issue Area                              | Status        | Issues                                                                                                                | Date Reported              | Prospective Actions                                                                                                                                         | Office of Primary<br>Responsibility (OPR) | Date of Closeout | Comments                                                                                                                                                                 |
|                                                           |               | Per DSHS, 23 Assisted Living Centers<br>remain closed- affecting 463 people                                           | 14-Sep                     | Determine anticipated reopening dates; identify where residents went and who is taking care of them.                                                        |                                           |                  |                                                                                                                                                                          |
| Home and Community-based<br>Services (non-facility based) |               | 25 closed - affecting 292 people                                                                                      | 14-Sep                     |                                                                                                                                                             |                                           |                  |                                                                                                                                                                          |
| Intermediate Care                                         |               | 15 closed                                                                                                             | 14-Sep                     | Identify how many care centers exist and how many are in them.                                                                                              |                                           |                  |                                                                                                                                                                          |
| Pharmacies/Prescription Access                            |               | 22 pharmacies report as "impacted" (CMS)                                                                              | 20-Sep                     | Consider getting FMS caches to support impacted pharamacies.                                                                                                |                                           |                  | Insurance providers and private sector associations are posting information on getting assistance filling prescriptions on social media.                                 |
| Pharmacy Restoration                                      |               |                                                                                                                       |                            | Need to identify status of any closed pharmacies and intent to rebuild.                                                                                     |                                           |                  |                                                                                                                                                                          |
|                                                           |               | Roving teams demobilized                                                                                              | 20-Sep                     |                                                                                                                                                             |                                           |                  |                                                                                                                                                                          |
| Mobile/Urgent Clinics                                     |               | 48 temporary health clinics have been deployed, including 2 MMUs                                                      | 25-Sep                     | Continue to look for updated status of<br>urgent care clinics.                                                                                              |                                           |                  |                                                                                                                                                                          |
| Behavioral Health Impacts                                 |               |                                                                                                                       |                            | Standing up Beahvioral Health Working Group to be led by SAMHSA                                                                                             |                                           |                  | SAMHSA remains engaged with the State on variou<br>issues: ensuring waivers for opioid treatment are                                                                     |
| Disaster-caused service access deficits                   |               | At least two behvioral health provider centers are closed across affected area.                                       | 21-Sep                     | TCS and Tropical Texas Behavioral<br>Health have deployable teams if the<br>need arises.                                                                    |                                           |                  |                                                                                                                                                                          |
|                                                           |               | All LMHAs report their crisis hotlines,<br>MCOTs, and PESCs are fully operational                                     | 21-Sep                     |                                                                                                                                                             |                                           |                  |                                                                                                                                                                          |
|                                                           |               | Information regarding suicide prevention during/after a disaster provided to Suicide Prevention Coordinators in LMHAs |                            |                                                                                                                                                             |                                           |                  |                                                                                                                                                                          |
|                                                           |               | Transportation of mental health peronnel to shelters is an issue.                                                     |                            | ARC is working on getting alternative transportation (helicoptors, boats, vehicles) to bring resources to shelters. Additionally per CDR Michael King, IRCT |                                           |                  | ARC shelter populations as of evening of 8/27/17 were estimated at 6,000, believed to be under reported. Peak shelter population is expected to be around 30,000 people. |
|                                                           |               | ARC does not have the clinical capacity to refer, looking for where to refer patients.                                |                            | Via social media ARC is seeking health<br>care workers and mental health<br>professionals to serve as shelter                                               |                                           |                  |                                                                                                                                                                          |



| Hurricane Harvey Stoplight Issue<br>Tracker               |        | no noteworthy issues; Yellow - recovery issues<br>es known and necessitate further federal coord                                                                                                                |               |                                                                                                                                                                                                                                   |                                           |                  |                                                                                                                                                                                                        |
|-----------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Updated On: 9/27/17                                       |        |                                                                                                                                                                                                                 |               |                                                                                                                                                                                                                                   |                                           |                  |                                                                                                                                                                                                        |
| Core Mission Area/Issue Area                              | Status | Issues                                                                                                                                                                                                          | Date Reported | Prospective Actions                                                                                                                                                                                                               | Office of Primary<br>Responsibility (OPR) | Date of Closeout | Comments                                                                                                                                                                                               |
| Impacts to practitioner/behavioral health support network |        | National Recovery Director Joshua<br>Barnes requested training for trauma<br>and behavioral health first aid                                                                                                    | 22-Sep        | SAMHSA staff provided multiple resources on trauma-informed care for youth to the FEMA Education Specialist for school recovery planning. SAMHSA staff on site will write and present the training for all interested JFO members |                                           |                  |                                                                                                                                                                                                        |
|                                                           |        | More than 100 psychologists in Texas have volunteered to provide free therapy sessions to people affected by Hurricane Harvey. The Texas Psychological Association announced details Monday. The offer includes | 27-Sep        |                                                                                                                                                                                                                                   |                                           |                  |                                                                                                                                                                                                        |
| Domestic violience issues                                 |        | Over 1/4 of state's domestic violence programs were impacted.                                                                                                                                                   | 21-Sep        | SAMHSA LNO will provide PFA and stress management training the week of 9/25.                                                                                                                                                      |                                           |                  |                                                                                                                                                                                                        |
|                                                           |        | Impacted communities should expect an<br>up-tick in domestic violence as a result<br>of storm-related stress/PTSD                                                                                               |               |                                                                                                                                                                                                                                   |                                           |                  |                                                                                                                                                                                                        |
| Substance Abuse Treatment/Access                          |        | Providers have reported that a total of 8 staff have been deployed to shelters. 14 Providers reported they had staff that                                                                                       | 21-Sep        | CCP was approved by SAMHSA.                                                                                                                                                                                                       |                                           |                  |                                                                                                                                                                                                        |
|                                                           |        |                                                                                                                                                                                                                 | 7-Sep         | SAMHSA remains engaged with the state.<br>SAMHSA HQ and Regional staff will<br>continue to monitor and assess the<br>opioid treatment continuity as well as<br>evolving mental health needs in other                              | SAMHSA                                    |                  | DDH is in the process of filming some PSAs for<br>Spanish-speakers and deaf/hard of hearing<br>individuals, will be shot throughout September, and<br>will be ready for distribution by early October. |
| Stress management issues                                  |        | More information required                                                                                                                                                                                       |               | SAMHSA remains engaged with the state<br>and will be standing up a behaviorial<br>health working group                                                                                                                            | SAMHSA                                    |                  |                                                                                                                                                                                                        |
| Known incidents of suicide                                |        |                                                                                                                                                                                                                 |               |                                                                                                                                                                                                                                   |                                           |                  |                                                                                                                                                                                                        |
| Crisis Counseling Program                                 |        | Crisis Counseling (ISP) has been approved and is currently in the process of hiring and training personnel. RSP application is in development                                                                   | 27-Sep        | Help to coordinate briding of ARC behavioral health services to CCP and local helath authorities.                                                                                                                                 | SAMHSA                                    |                  | SAMHSA CCP staff is on site to provide onsite technical assistance and education to the state. The grant is due September 8th.                                                                         |



| Hurricane Harvey Stoplight Issue<br>Tracker |               | no noteworthy issues; Yellow - recovery issues<br>es known and necessitate further federal coord                                                                                                                                                                                                                                                            |                             |                                                                                                                                                |                                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|---------------------------------------------|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Updated On: 9/27/17                         | recovery issu | es known and necessitate further federal coord                                                                                                                                                                                                                                                                                                              | illiation, Grey - ilisumcie | ent information                                                                                                                                |                                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Core Mission Area/Issue Area                | Status        | Issues                                                                                                                                                                                                                                                                                                                                                      | Date Reported               | Prospective Actions                                                                                                                            | Office of Primary<br>Responsibility (OPR) | Date of Closeout | Comments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Methadone/Opioid Clinics                    |               | Houston Methadone clinics are reopening                                                                                                                                                                                                                                                                                                                     | 7-Sep                       |                                                                                                                                                | SAMHSA                                    |                  | SAMHSA has been in direct contact with the State Opioid Treatment Authority (SOTA). The SOTA indicated that they have a need for technical assistance to assist medical providers to understand treatment protocols for narcotic and non-narcotic detoxification. SAMHSA is currently working to provide a community-based protocol. The SOTA has not informed SAMHSA of additional gaps related to the current approaches being employed to ensure opioid treatment continuity, bu SAMHSA is monitoring the situation. SAMHSA is producing guidance regarding potential flexibility in usage of SAMHSA block grant for funding for opioids. |
| Environmental Health Impacts                |               |                                                                                                                                                                                                                                                                                                                                                             |                             | Conduct environmental health                                                                                                                   | HHS, CDC Public Health                    |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Potable Water Quality                       |               | TCEQ and agency partners of the Natural Disaster Operational Workgroup (NDOW) are conducting orphan container recovery, drinking water and waste water on-site assessments, hazard evaluations, and oil discharge assessments. There are 468 TCEQ staff working in response to Hurricane Harvey. TCEQ has started contacting EMC's about Debris Management. | 23-Sep                      |                                                                                                                                                |                                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                             |               | Per TCEQ/EPA, 4,852 dirnking water facilities & 2,908 wastewater facilities in the impacted area were surveyed: 37 are severely damaged, 30 have medium damage, 248 have minor damage                                                                                                                                                                       | 12-Sep                      |                                                                                                                                                |                                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                             |               | 44 (+1) boil water notices with 7 (+1) inoperable water systems (increase is due to emergining issues/closer inspection of systems)                                                                                                                                                                                                                         | 27-Sep                      |                                                                                                                                                |                                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Private well issues                         |               | Texas A&M, in coordination with FEMA, will be installing microfiltration systems in all registered private wells (6,000                                                                                                                                                                                                                                     | 26-Sep                      |                                                                                                                                                | EPA                                       |                  | EPA & TCEQ have developed GIS map to determine wells in need of testing. County level maps show inundated privat wells (registered since 1993)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Debris Contamination Issues                 |               | TCEQ continues to receive and review temporary debris management sites for authorizations. Currently, we have received 164 applications and have approved 146 sites.                                                                                                                                                                                        | 23-Sep                      | Texas A&M, in coordination with FEMA, will be installing microfiltration systems in all registered private wells (6,000 registered since 1993) |                                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Air quality Issues                          |               |                                                                                                                                                                                                                                                                                                                                                             |                             |                                                                                                                                                |                                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |



| Hurricane Harvey Stoplight Issue<br>Tracker |        | no noteworthy issues; Yellow - recovery issues<br>ues known and necessitate further federal coord                                                                                                                                                                                         |               |                                                                                                            | t                                         |                  |                                                                                                                                                                                                                                                                |
|---------------------------------------------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Updated On: 9/27/17                         |        |                                                                                                                                                                                                                                                                                           | . ,           |                                                                                                            |                                           |                  |                                                                                                                                                                                                                                                                |
| Core Mission Area/Issue Area                | Status | Issues                                                                                                                                                                                                                                                                                    | Date Reported | Prospective Actions                                                                                        | Office of Primary<br>Responsibility (OPR) | Date of Closeout | Comments                                                                                                                                                                                                                                                       |
| Mold and related issues                     |        | Residents of Pine Meadows Subdivision in Baytown reported that several survivors in their neighborhood have been admitted to the local hospital due to mold exposure. Reported to County EM. (Chambers County)                                                                            | 23-Sep        |                                                                                                            |                                           |                  |                                                                                                                                                                                                                                                                |
|                                             |        | Effects of mold are currently unknown                                                                                                                                                                                                                                                     | 6-Sep         | HHS has formed a mold task force                                                                           | HHS, CDC                                  |                  |                                                                                                                                                                                                                                                                |
| Vector control                              |        | Clarke Environmental – two (2) active aircraft flying; VDCI – two (2) active aircraft flying; DOD – two (2) active C-130's and one (1) leave airframe straing. Some concern around risks associated with the chemical being sprayed (Dibrom) - risks to pregnant women and bee populaiton | 20-Sep        | CDC vector control SME is supporting.<br>Clark Environmental, VDCI, and DOD<br>aircraft are being utilized | CDC Public Health, DoD                    |                  | Locals have started their own vector control measures, and CDC and the state have formed a vector control work group to support. Vector control crews have been spraying every night in Corpus Christi. Aransas County has a strong need for mosquito control. |
|                                             |        | The Vector Control Team in the SMOC is coordinating ongoing aerial vector control efforts in targeted areas. Aerial vector control spraying operations occurred during the last operational period in the following counties:                                                             | 23-Sep        |                                                                                                            |                                           |                  |                                                                                                                                                                                                                                                                |
|                                             |        | Aerial vector control spraying operations occurred during the last operational period in the following counties:  • Wharton  • Polk  • San Patricio  • Jackson  • Waller  • Montgomery • Walker  • Harris                                                                                 | 22-Sep        |                                                                                                            |                                           |                  |                                                                                                                                                                                                                                                                |
| Wastewater                                  |        | 186 sewer overflows have been reported in affected areas. Concern that private                                                                                                                                                                                                            | 25-Sep        | Coordinate with EPA and Army Corps of<br>Engineers to assess contaminated water                            |                                           |                  | Water/wastewater outages and water pumping station issues. General guidance provided for flood                                                                                                                                                                 |
|                                             |        | 9 Inoperable Waster Water Treatment<br>Plants (reported per FEMA SITREP 09/17)                                                                                                                                                                                                            | 18-Sep        | concerns                                                                                                   |                                           |                  |                                                                                                                                                                                                                                                                |
| Water Systems                               |        | More information required, Per EPA,<br>1,514/2,300 contacted water systems are<br>fully operational.                                                                                                                                                                                      | 5-Sep         |                                                                                                            |                                           |                  |                                                                                                                                                                                                                                                                |
|                                             |        | More information required, Per ESF 3, 35 of 2,469 waste water systems are shut down                                                                                                                                                                                                       | 5-Sep         |                                                                                                            |                                           |                  |                                                                                                                                                                                                                                                                |
|                                             |        | Water testing is ongoing. Concern that there is "slurring" in the water.                                                                                                                                                                                                                  | 6-Sep         |                                                                                                            |                                           |                  |                                                                                                                                                                                                                                                                |



| Hurricane Harvey Stoplight Issue<br>Tracker                                                             |                | no noteworthy issues; Yellow - recovery issues of the second second in the second is the second in the second in the second is the second in t |                        |                                                                                                                                                                                                                                                                    |                                           |                  |                                                                                                                                                            |
|---------------------------------------------------------------------------------------------------------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Updated On: 9/27/17                                                                                     | recovery issue | s known and necessitate future rederal coord                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | mation, Grey - mounice | in ormation                                                                                                                                                                                                                                                        |                                           |                  |                                                                                                                                                            |
| Core Mission Area/Issue Area                                                                            | Status         | Issues                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Date Reported          | Prospective Actions                                                                                                                                                                                                                                                | Office of Primary<br>Responsibility (OPR) | Date of Closeout | Comments                                                                                                                                                   |
| Chemical Pollutants                                                                                     |                | Harris county fire officals have started a controlled burn of the 6 remaining trailers of organic peroxides (3 have already burned). People are advised to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 3-Sep                  | Work with DoE and EPA to coordinate solution. Air and water monitoring is underway. EPA is testing smoke from fires.                                                                                                                                               |                                           |                  |                                                                                                                                                            |
|                                                                                                         |                | Potential release from Shell Pipelnie into the Trinity River                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 10-Sep                 | US Department of Transportation<br>Pipeline and Hazardous Materials Safety<br>Administration is communicating with<br>Shell.                                                                                                                                       |                                           |                  | Shell conducted pressure testing on 9/10 but results were inconclusive. Shell is evaulting next steps, but has Oil Spill Removal Organizations on standby. |
|                                                                                                         |                | Two Exxon Mobil refineries were                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                                                                                                                                                                                                                                                    |                                           |                  | The Orphan Container Recovery Teams removed                                                                                                                |
|                                                                                                         |                | damaged causing the release of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                        |                                                                                                                                                                                                                                                                    |                                           |                  | approximately 430 gallons of diesel and recovered                                                                                                          |
|                                                                                                         |                | Concern that toxins are spreading from<br>super fund sites. EPA has confirmed 13<br>superfund sites flooded and/or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 2-Sep                  |                                                                                                                                                                                                                                                                    |                                           |                  |                                                                                                                                                            |
| Provide technical assistance regarding site-specific hazards and their implications related to recovery |                | More information required, Recovery and HSS SMEs arrived on the ground in Dallas 8/28/17                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 23-Sep                 |                                                                                                                                                                                                                                                                    |                                           |                  |                                                                                                                                                            |
| Food Safety and Regulated                                                                               |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                                                                                                                                                                                                                                                    |                                           |                  |                                                                                                                                                            |
| Overall food safety                                                                                     |                | State responded to requests for 26 sanitarians to be deployed. This need was met and there are no other unmet needs at this time.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                        |                                                                                                                                                                                                                                                                    |                                           |                  |                                                                                                                                                            |
| Issues for regulated biologics facilities                                                               |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                                                                                                                                                                                                                                                    |                                           |                  |                                                                                                                                                            |
| Issues for medical device manufacturers and supply chain                                                |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                                                                                                                                                                                                                                                    |                                           |                  |                                                                                                                                                            |
| Issues for facilities producing                                                                         |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                                                                                                                                                                                                                                                    |                                           |                  |                                                                                                                                                            |
| medicines                                                                                               |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                                                                                                                                                                                                                                                    |                                           |                  |                                                                                                                                                            |
| Issues for human food establishments                                                                    |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                                                                                                                                                                                                                                                    |                                           |                  |                                                                                                                                                            |
| Food safety of meat, poultry, and processed egg products                                                |                | Meat facility issues-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                        |                                                                                                                                                                                                                                                                    |                                           |                  |                                                                                                                                                            |
|                                                                                                         |                | Poultry facility issues -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                        |                                                                                                                                                                                                                                                                    |                                           |                  |                                                                                                                                                            |
|                                                                                                         |                | Egg product facility issues                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        |                                                                                                                                                                                                                                                                    |                                           |                  |                                                                                                                                                            |
| Vaccines                                                                                                |                | Texas local jurisdictions have received 41,585 (+210) doses of Tdap/Td/Tetanus, 6,820 doses of HepA, 150 doses of HepB, and 4,170 (+200) doses of influenza vaccine to distribute to first responders and the general public.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 25-Sep                 | The Vector Control Team in the SMOC is coordinating ongoing aerial vector control efforts in targeted areas. Aerial vector control spraying operations occurred during the last operational period in the following counties: Aransas, Galveston, Jackson, Jasper. |                                           |                  | 2 CDC Vaccines For Children SMEs are currently in TX providing technical assistance in maintaining vaccine safety.                                         |
|                                                                                                         |                | 52,725 requested vaccines have been<br>34,735 requests for Tdap vaccines hav<br>been filled (99%)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 22-Sep                 | Tdap vaccine has been shipped to the<br>impacted areas and are being<br>distributed. Additional vaccine orders                                                                                                                                                     |                                           |                  |                                                                                                                                                            |



| Hurricane Harvey Stoplight Issue<br>Tracker               |               | no noteworthy issues; Yellow - recovery issues<br>les known and necessitate further federal coord                                                                                                                                                                   |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                           |                  |                                                                                                                                                                            |
|-----------------------------------------------------------|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Updated On: 9/27/17                                       | recovery issu | les known and necessitate further federal coord                                                                                                                                                                                                                     | illiation, Grey - ilisumci | ent information                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                           |                  |                                                                                                                                                                            |
| Core Mission Area/Issue Area                              | Status        | Issues                                                                                                                                                                                                                                                              | Date Reported              | Prospective Actions                                                                                                                                                                                                                                                                                                                                                                                                                                              | Office of Primary<br>Responsibility (OPR) | Date of Closeout | Comments                                                                                                                                                                   |
|                                                           |               | 6,640 requests for HepA (adult) vaccine have been filled (82%)                                                                                                                                                                                                      |                            | continue to be processed and filled. Tota of 52,315 of 52,725 filled. 410 waiting                                                                                                                                                                                                                                                                                                                                                                                |                                           |                  |                                                                                                                                                                            |
|                                                           |               | 120 requests for HepA (pediatric) 3,970 requests for adult flu vaccine were filled (95%)                                                                                                                                                                            |                            | delivery.                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                           |                  |                                                                                                                                                                            |
|                                                           |               | 5,990 requests for Td vaccine have been filled (99%)                                                                                                                                                                                                                |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                           |                  |                                                                                                                                                                            |
| Long-term Health Issues Specific to Responders            |               |                                                                                                                                                                                                                                                                     |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                           |                  |                                                                                                                                                                            |
| Health and safety concerns for<br>professional responders |               | Concern that food is contaminated due to lack of refrigeration                                                                                                                                                                                                      | 3-Sep                      | Support State in food safety monitoring                                                                                                                                                                                                                                                                                                                                                                                                                          | CDC Public Health                         |                  | Responder Health & Safety is the #1 priority for DSHS; Medical teams have been sent to help with                                                                           |
|                                                           |               | Sanitation concerns (food, bathrooms, lack of showers)                                                                                                                                                                                                              | 3-Sep                      | Support State in sanitation monitoring                                                                                                                                                                                                                                                                                                                                                                                                                           | CDC Public Health                         |                  | responder injuries but sanitation issues and food safety remain a huge concern. The State is sending                                                                       |
|                                                           |               | Responders are being given tetnaus/flu vaccines                                                                                                                                                                                                                     | 5-Sep                      | Support State in prioritizing necessary vacinations                                                                                                                                                                                                                                                                                                                                                                                                              | CDC Public Health                         |                  | sanitarirans out to the 5 responder locations. The<br>State did not have visability on this issue for some                                                                 |
|                                                           |               | Concern that rising heat index may result in heat-related issues for responders. Respoders will need additional breaks.                                                                                                                                             |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                           |                  |                                                                                                                                                                            |
|                                                           |               | TS Kennedy in Corpus Christi (Nueces County) started providing berthing support for responders; TS General Rudder already providing similar berthing support for responders in Galveston (Galveston County).                                                        | 18-Sep                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                           |                  |                                                                                                                                                                            |
| Health and safety concerns for community responders       |               | Workers being picked up informally for debrie removal, mucking/gutting, etc. are not receiving health & safety training & have little access to health care when injured/sick. Since the disaster, workers are being picked up in much larger quantities at a time. | 25-Sep                     | Work with labor/worker justice organizations & NIEHS to develop health & safety trainings. NIOSH is providing occupational health TA to labor organizations. The National Day Laborer Organization Network will be surveying wokrers/providing info/materials to daylaborers at day laborarer corners in the greater Houston area. Faith & Justice Worker Center (Houston) is working with NIEHS to conduct train the trainer trainings across the Houston area. |                                           |                  | (Ex. In Katy, TX, appx.200 workers were hired by MBJR Restore (LA company) to clean an apt complex. They received no safety training.) Housoti is a labor trafficking hub. |
| Health and safety concerns for<br>volunteers              |               | Concern that volunteers are working on<br>contaminated homes without proper<br>health & safety gear/training                                                                                                                                                        |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                           |                  |                                                                                                                                                                            |
| Responder monitoring issues                               |               | A hotline is needed for workplace safety issues/questions. FJWC has received 21 calls a day since Harvey hit.                                                                                                                                                       | 25-Sep                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                           |                  | NIOSH could provide TA for answering calls<br>and/or for analyzing data collected from these<br>calls.                                                                     |



| Hurricane Harvey Stoplight Issue                                                                     |               | no noteworthy issues; Yellow - recovery issues                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                           |                                                                                                                                                                                                                                                    |                                           |                  |                                                                                                                                                                                                                                                                                                                                                                                           |
|------------------------------------------------------------------------------------------------------|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Tracker                                                                                              | recovery issu | es known and necessitate further federal coord                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ination; Grey - insuffici | ent information                                                                                                                                                                                                                                    |                                           |                  |                                                                                                                                                                                                                                                                                                                                                                                           |
| Updated On: 9/27/17                                                                                  |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                           |                                                                                                                                                                                                                                                    | 000                                       |                  | -                                                                                                                                                                                                                                                                                                                                                                                         |
| Core Mission Area/Issue Area                                                                         | Status        | Issues                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Date Reported             | Prospective Actions                                                                                                                                                                                                                                | Office of Primary<br>Responsibility (OPR) | Date of Closeout | Comments                                                                                                                                                                                                                                                                                                                                                                                  |
|                                                                                                      |               | Need for framework/system for monitoring responder health                                                                                                                                                                                                                                                                                                                                                                                                                                                | 26-Sep                    | NIOSH has developed a proposal to<br>provide TA to organizations that are<br>training or managing managing groups of<br>response workers (e.g., NIEHS)<br>implement ERHMS (Emergency<br>Responder Health Monitoring and<br>Surveillance) framework |                                           |                  |                                                                                                                                                                                                                                                                                                                                                                                           |
| Responder behavioral health care issues                                                              |               | Concern that community responders are<br>not seeking/do not have access to<br>behavioral health care                                                                                                                                                                                                                                                                                                                                                                                                     | 25-Sep                    | Standing up Beahvioral Health Working<br>Group to be led by SAMHSA Region VI<br>administrator                                                                                                                                                      | SAMHSA                                    |                  |                                                                                                                                                                                                                                                                                                                                                                                           |
| Social Services Impacts                                                                              |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                           |                                                                                                                                                                                                                                                    |                                           |                  |                                                                                                                                                                                                                                                                                                                                                                                           |
| Assess disaster-related structural, functional and operational impacts to social services facilities |               | Working to assess disaster-related structural, functional and operational impacts to social services facilities (e.g., community congregate care, child care centers, Head Start centers, senior centers, homeless shelters) and programs (e.g., domestic violence services, family support programs). Working to identify communities in need of support with the establishment of long-term recovery committees, in collaboration with National VOAD, to meet survivors' disaster-related unmet needs. | 23-Sep                    |                                                                                                                                                                                                                                                    |                                           |                  |                                                                                                                                                                                                                                                                                                                                                                                           |
| Assess disaster-related impacts to at-<br>risk individuals                                           |               | Human Services RSF is working to gain<br>broader awareness of those Populations<br>Disproportionatly Affected by Disasters<br>(PDAD)                                                                                                                                                                                                                                                                                                                                                                     | 23-Sep                    | IDCM , through intake process is creating<br>awareness on supportive service needs<br>of population still residing in shelters                                                                                                                     |                                           |                  |                                                                                                                                                                                                                                                                                                                                                                                           |
|                                                                                                      |               | Per ACL, 16 nutrition sites/senior centers have reparable damage. 1 has total loss damage. 16 transporttion or meal service vans are reported lost/totaled.                                                                                                                                                                                                                                                                                                                                              | 7-Sep                     | Need updated information on shelter populations and locations.                                                                                                                                                                                     |                                           |                  | Within the areas with 15 or more inches of rain expected in the next 5 days, 22% of households have one or more person(s) with a disability, 9% have a child age 5 or younger, and 14% have an income below poverty level. Wide range of individuals with special needs (homeless, unaccompanied minors, those with addiction etclentering shelters with uncertain capacity to addrineeds |
|                                                                                                      |               | Many shelter residents were homeless pre-disaster/precariously housed and shelters fear they will be difficult to discharge. Some seniors at shelters do not have a discharge plan                                                                                                                                                                                                                                                                                                                       | 7-Sep                     |                                                                                                                                                                                                                                                    |                                           |                  |                                                                                                                                                                                                                                                                                                                                                                                           |



| Hurricane Harvey Stoplight Issue                       |               | no noteworthy issues; Yellow - recovery issues                                                                                                                                                                                                                                                                                                                                                             |                            |                                                | t                                         |                  |                                                                                                                                                                                                                                                                                                                                                                                                                   |
|--------------------------------------------------------|---------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|------------------------------------------------|-------------------------------------------|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Tracker                                                | recovery issu | ies known and necessitate further federal coord                                                                                                                                                                                                                                                                                                                                                            | dination; Grey - insuffici | ent information                                |                                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Updated On: 9/27/17                                    |               |                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                |                                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Core Mission Area/Issue Area                           | Status        | Issues                                                                                                                                                                                                                                                                                                                                                                                                     | Date Reported              | Prospective Actions                            | Office of Primary<br>Responsibility (OPR) | Date of Closeout | Comments                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                        |               | Large pop of hispanic residents reported<br>at smaller, community shleters which are<br>suffering a sig resource disparity<br>compared to the GRB                                                                                                                                                                                                                                                          | 7-Sep                      |                                                |                                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Issues associated with temporary                       |               |                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                | CDC Public Health                         |                  |                                                                                                                                                                                                                                                                                                                                                                                                                   |
| housing                                                |               | Affordable housing is a concern for residents; fear that previous rental homes will be condemed due to mold growth from wet sheetrock and insulation                                                                                                                                                                                                                                                       | 25-Sep                     |                                                |                                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                        |               | 15 shelters remian, with 1512 people (-<br>13)                                                                                                                                                                                                                                                                                                                                                             | 27-Sep                     |                                                |                                           |                  | All shelters in Branch III and VI have been closed, Multi-Agency Shelter Transition teams (MASTT) have been redeployed to Branch II and Harris to focus on the larger shelter populations and consolidation/closure of smaller ones. Due to the wide geographic area in Branch II, teams have been divided by Branch II East (Brazoria and Galveston Counties) and West (Jefferson, Liberty and Hardin Counties). |
|                                                        |               | 59,615 in TSA (-1738)                                                                                                                                                                                                                                                                                                                                                                                      | 27-Sep                     |                                                |                                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                        |               | FEMA has extended TSA deadline until                                                                                                                                                                                                                                                                                                                                                                       | 25-Sep                     |                                                |                                           |                  | Applicants must meet certain requirements to                                                                                                                                                                                                                                                                                                                                                                      |
|                                                        |               | 10/10, but will be 35,000 homes short of moving people out. Mobile homes, trailers, etc. are housing options being considered                                                                                                                                                                                                                                                                              | 25 335                     |                                                |                                           |                  | remain eligible.                                                                                                                                                                                                                                                                                                                                                                                                  |
|                                                        |               | Rental assistance for temporary housing costs incurred during an utility outage (Eligible Rental Utility or ERU) is currently at \$6.1 million for 46,779 households. Additionally, rental assistance, as a result of inaccessibility reasons (Eligible Rental Inaccessible Assistance or ERIA), is available for incurred temporary housing costs and is currently at \$8.1 million for 8,021 households. | 18-Sep                     |                                                |                                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Referral to Social Services/Disaste<br>Case Management | r             |                                                                                                                                                                                                                                                                                                                                                                                                            |                            | ACF is standing ready to activate upon request |                                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Disaster case management issues                        |               | Undocumented ind./families are not<br>seeking assistance for fear of<br>deportation                                                                                                                                                                                                                                                                                                                        |                            |                                                |                                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Known unment needs from disaster case management       |               | Top three issues being reported thus far are: Food - Clothing - Housing                                                                                                                                                                                                                                                                                                                                    | 23-Sep                     |                                                |                                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                   |



| Hurricane Harvey Stoplight Issue                                                                                                                                               | Key: Green -   | no noteworthy issues; Yellow - recovery issues                                                                                                                                                             | exist, but are likely wit | hin capacity of state/locals; Red - significant                                                                                                                                                                                                                                  | :                                         |                  |                                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------|-------------------------------------------------------------------------------------------------------------------------------|
| Tracker                                                                                                                                                                        | recovery issue | es known and necessitate further federal coord                                                                                                                                                             | ination; Grey - insuffici | ent information                                                                                                                                                                                                                                                                  |                                           |                  |                                                                                                                               |
| Updated On: 9/27/17                                                                                                                                                            |                |                                                                                                                                                                                                            |                           |                                                                                                                                                                                                                                                                                  |                                           |                  |                                                                                                                               |
| Core Mission Area/Issue Area                                                                                                                                                   | Status         | Issues                                                                                                                                                                                                     | Date Reported             | Prospective Actions                                                                                                                                                                                                                                                              | Office of Primary<br>Responsibility (OPR) | Date of Closeout | Comments                                                                                                                      |
| Issues integrating family case work into VOAD/philanthropic networks                                                                                                           |                |                                                                                                                                                                                                            |                           |                                                                                                                                                                                                                                                                                  |                                           |                  |                                                                                                                               |
| Social Services Impacts                                                                                                                                                        |                |                                                                                                                                                                                                            |                           |                                                                                                                                                                                                                                                                                  |                                           |                  |                                                                                                                               |
| Deficiencies in access to disaster case management                                                                                                                             |                | Currently 49 DRCs stood up (50 planned), several mobile units reaching into affected areas. 117 case workers are in the field (78 in DRCS; 39 in shelters)                                                 | 27-Sep                    |                                                                                                                                                                                                                                                                                  |                                           |                  |                                                                                                                               |
| Children and Youth in Disasters                                                                                                                                                |                |                                                                                                                                                                                                            |                           |                                                                                                                                                                                                                                                                                  |                                           |                  |                                                                                                                               |
| Facilitate technical assistance, programs, and activities to support children and youth who are displaced as a result of the disaster including access to school and access to |                | State has requested assistance with NCMEC                                                                                                                                                                  | 7-Sep                     | ACF is continuing to identify the impact of the Early Childhood Development Program on childcare and Head Start In coordination w/ ACF R6 RE and REMS, ASPR and FEMA                                                                                                             |                                           |                  |                                                                                                                               |
| Identify behavioral health needs of<br>children, youth, expectant and nursing<br>mothers and provide age-appropriate<br>messaging                                              |                | More information required. 2.5 million children affected.                                                                                                                                                  |                           | Standing up Beahvioral Health Working<br>Group to be led by SAMHSA Region VI<br>administrator                                                                                                                                                                                    | SAMHSA                                    |                  |                                                                                                                               |
| Center-based Child Care                                                                                                                                                        |                | All child care operations in declared counties have been contacted. 513 (+94) child care operations are closed, potentially displacing 42,309 (+6,108) children. 62 facilities have temporarily relocated. | 20-Sep                    | Licensing staff continue to work with<br>providers to conduct abbreviated<br>inspections to assess health & safety<br>and provide technical assistance;<br>Licensing staff from other districts are<br>being deployed to Houston to help<br>with routine monitoring inspections. |                                           |                  | 4,600/5,000 facilities in the affected area have been surveyed. Reinspections are being conducted.                            |
|                                                                                                                                                                                |                | 4 general residential child care operations continue to remain away from their primary locations                                                                                                           | 12-Sep                    |                                                                                                                                                                                                                                                                                  |                                           |                  |                                                                                                                               |
|                                                                                                                                                                                |                | 1 residential treatment facility for<br>emotional/behavior challenged<br>children/youth remains evacuated                                                                                                  | 12-Sep                    |                                                                                                                                                                                                                                                                                  |                                           |                  |                                                                                                                               |
| Impact to foster care network                                                                                                                                                  |                | Department of Family Protective Services (DFPS) is coordinating communication with evacuated and impacted regulated facilities and conservatorship families.                                               | 23-Sep                    |                                                                                                                                                                                                                                                                                  |                                           |                  |                                                                                                                               |
|                                                                                                                                                                                |                | Per TDFPS, 1200 children were relocated;<br>no additional information                                                                                                                                      | 1-Sep                     | San Antonio-area service orgs & gov't<br>entities across the state are providing<br>support                                                                                                                                                                                      |                                           |                  |                                                                                                                               |
| Head Start Status                                                                                                                                                              |                | Checking current numbers and status of<br>Head Start Centers                                                                                                                                               |                           |                                                                                                                                                                                                                                                                                  |                                           |                  |                                                                                                                               |
|                                                                                                                                                                                |                | Per ACF, 344 centers in the impacted<br>zone & 45 are confirmed closed,<br>affecting 3,036 slots                                                                                                           | 13-Sep                    |                                                                                                                                                                                                                                                                                  |                                           |                  | Currently undetermined when when all impacted<br>centers will open; however, it is anticipated that<br>more will open by 9/12 |
| Unaccompanied alien children issues                                                                                                                                            |                | all UAC accounted for and ORR shelters are operational                                                                                                                                                     | 23-Sep                    |                                                                                                                                                                                                                                                                                  |                                           | 23-Sep           |                                                                                                                               |



| Hurricane Harvey Stoplight Issue                  |               | no noteworthy issues; Yellow - recovery issues                                                                                                                                                                                         |                           |                                                                                                                                                                                                                                                                                                                                  |                                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|---------------------------------------------------|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Tracker                                           | recovery issu | ues known and necessitate further federal coord                                                                                                                                                                                        | ination; Grey - insuffici | ent information                                                                                                                                                                                                                                                                                                                  |                                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Updated On: 9/27/17 Core Mission Area/Issue Area  | Status        | Issues                                                                                                                                                                                                                                 | Date Reported             | Prospective Actions                                                                                                                                                                                                                                                                                                              | Office of Primary<br>Responsibility (OPR) | Date of Closeout | Comments                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Displaced children homelessness (disaster-casued) |               | Per ACF, 2.7 mill homes have been impacted; 22,000 homes may have major damage (TX&LA)                                                                                                                                                 | 7-Sep                     |                                                                                                                                                                                                                                                                                                                                  |                                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| School Status                                     |               | Held a meeting with the Texas Education Agency, Texas School Safety Center, and various RSF representatives: Identified several issues beyond capacity of local jurisdictions; planning on how to facilitiate connections and support. | 23-Sep                    | Follow up with TEA re: a menu of support options for their consideration. Completed and submitted a document to HSS RSF leadership re: Insurance Settlements/Public Assistance. Submitted rough draft version of communication materials to address FEMA IA re: Personal Property Assistance for required educational materials. |                                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                   |               | 15 schools, across 3 Aransas ISDs are closed. Districts are set to reopen in mid-<br>October                                                                                                                                           | 25-Sep                    | Dept of Ed is tracking - Coordinate with the state on what assistance is needed                                                                                                                                                                                                                                                  |                                           |                  | All closed schools are in Aransas. Aransas County<br>ISD is set to open 10/9. Aransas Pass & Port<br>Aransas ISDs 10/16                                                                                                                                                                                                                                                                                                                                                         |
|                                                   |               | All Houston charter schools are supposedly open                                                                                                                                                                                        | 22-Sep                    | Dept of Ed is seeking confirmation                                                                                                                                                                                                                                                                                               |                                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                   |               | All Houston ISD studetnt are in school                                                                                                                                                                                                 | 22-Sep                    |                                                                                                                                                                                                                                                                                                                                  |                                           |                  | TEA Established a telephone hotline for parents in the Beaumont, Corpus Christi, Houston and Victoria areas to receive information regarding public education for students affected by Hurricane Harvey. Parents can get information on public education options for their student by calling (512) 463-9603. The hotline is designed to assist families with questions about where to enroll children in school. They are staffed from 8 AM to 5 PM daily, including weekends. |
|                                                   |               | All schools in Victoria and Baeumont are open                                                                                                                                                                                          | 22-Sep                    |                                                                                                                                                                                                                                                                                                                                  |                                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Higher Education                                  |               | Status of higher ed facilities unknown.                                                                                                                                                                                                | 22-Sep                    | Attempting to establish a POC with the<br>Texas Department of Higher Education to<br>establish damages sustained and<br>supports needed. Researching the<br>disaster impact on higher ed facilities.                                                                                                                             |                                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Students displaced                                |               | Information for "homeless"<br>students/displaced students is widely<br>available but no data on enrollments yet.                                                                                                                       | 20-Sep                    |                                                                                                                                                                                                                                                                                                                                  |                                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                   |               | Per TEA, not much data on new locations of displaced students. Information should be emerging in coming weeks as many schools have only reopened this week.                                                                            | 22-Sep                    |                                                                                                                                                                                                                                                                                                                                  |                                           |                  | Texas Education Agency (TEA): Established a telephone hotline for parents in the Beaumont, Corpus Christi, Houston and Victoria areas to receive information regarding public education for students affected by Hurricane Harvey. Parents caget information on public education options for                                                                                                                                                                                    |



| <b>Hurricane Harvey Stoplight Issue</b>                  | Key: Green -                                                                                        | no noteworthy issues; Yellow - recovery issues                                                                                                                 | exist, but are likely with | nin capacity of state/locals; Red - significant |                                           |                  |                                                                                                                                                                                                            |
|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------------------------------|-------------------------------------------|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Tracker                                                  | recovery issues known and necessitate further federal coordination; Grey - insufficient information |                                                                                                                                                                |                            |                                                 |                                           |                  |                                                                                                                                                                                                            |
| Updated On: 9/27/17                                      |                                                                                                     |                                                                                                                                                                |                            |                                                 |                                           |                  |                                                                                                                                                                                                            |
| Core Mission Area/Issue Area                             | Status                                                                                              | Issues                                                                                                                                                         | Date Reported              | Prospective Actions                             | Office of Primary<br>Responsibility (OPR) | Date of Closeout | Comments                                                                                                                                                                                                   |
|                                                          |                                                                                                     | Corpus Christi Region: 15 schools closed (All in Aransas) impacting est. 5607 students and 408 educators. Est. 3,393 are minority students (majority hispanic) | 22-Sep                     |                                                 |                                           |                  | their student by calling (512) 463-9603. The hotline is designed to assist families with questions about where to enroll children in school. They are staffed from 8 AM to 5 PM daily, including weekends. |
|                                                          |                                                                                                     | Per Texas Homeless Education Office,<br>35,000-40,000 students affected                                                                                        | 10-Sep                     |                                                 |                                           |                  |                                                                                                                                                                                                            |
| Child Nutrition                                          |                                                                                                     | D-SNAP was opened to 7 additional counties; applications are being accepted through October 5                                                                  | 26-Sep                     |                                                 |                                           |                  | Texas will offer Disaster Supplemental Nutrition<br>Assistance Program (D-SNAP) to residents in<br>Aransas, Brazoria, Calhoun, Nueces, Polk, Refugio                                                       |
|                                                          |                                                                                                     | 23,384 households currently receiving D-<br>SNAP (59,504 individuals                                                                                           | 22-Sep                     |                                                 |                                           |                  | and San Patricio counties starting September 18/19,<br>2017 in addition to the 11 initial counties previously                                                                                              |
| Child transportation issues (to/from school, child care) |                                                                                                     | Concerns about rising costs at district<br>levels as buses drive farther to pick up<br>displaced students                                                      | 22-Sep                     |                                                 |                                           |                  |                                                                                                                                                                                                            |



Parnell, June (PSC/RLO/BOS) (CTR) From: Sent: 26 Oct 2017 21:04:59 +0000

Tulloch, Barbara G. (IHS/DES); Bingham, Stephanie (HHS/OCR); Williams, Carla

(HRSA); Jones, Carolyn J. (IHS/DES); Rambo, Carolyn A. (CMS/CQISCO); Cisneros, Oscar

(OS/ASA/OCIO); Creswell, Patricia (PSC/RLO/BOS) (CTR); Lee, Derek B. (ACL); Brookins, Diane (ACF); Dito, Matt (PSC/FMP/CAS); Williams, Ernesta B. (CMS/CQISCO); Grays, Sharonda (HHS/OCR); Hayes-Mohl, Janice (PSC/FMP/CAS);Boyle, Jennifer (HHS/OGC);Lothrop, Julia (HHS/IEA);Grooms, Kiran (HHS/OCR); Alanis, Maribel (OS/ASA/OCIO/ITIO) (CTR); McAdams, Lisa M. (CMS/CQISCO); Moreno, Nichole (ACF); Nwigwe, Vaniecy (OS/OCR); Jeffery, Shandrea M (HHS/OASH); Gooden, Shelby (HHS/IEA); Smith, Marisa (HHS/OCR); Jordan, Tara (HHS/OGC); Russell, Wendy (ACF); Williams, Demetra (ACF);Brice-Smith, Angela M. (CMS/CQISCO);Dito, Matt (PSC/FMP/CAS);Hearod, Karen (SAMHSA); Jackson, Princess (HRSA); Bryant, Jamie (PSC/FOH/EHSS); Karim, Arif (PSC/FMP/CAS); Lee,

Michael R. (IHS/DES); Wellspring, Howard W. (IHS/DES) Cc: Rhodes, Lori (PSC/RLO/BOS); Unitas, Ann (PSC/RLO/BOS) (CTR); Dennis, Flora (PSC/RLO/BOS) (CTR); Downing, Michael (PSC/RLO/BOS) (CTR); Groebe, Andrew (PSC/RLO/BOS); MacLellan, Cyrus (PSC/RLO/BOS) (CTR); Moore, Ronald (PSC/RLO/SCMS) (CTR); Roddy, Latonjia (PSC/RLO/BOS) (CTR); Sailer, Carolyn (PSC/RLO/BOS) (CTR); Williams, Angela (PSC/RLO/BOS) (CTR); Yaskowski, Emily (PSC/RLO/BOS) (CTR)

Derek B. (ACL); Massoudi, Mehran (HHS/OASH); Parnell, June (PSC/RLO/BOS) (CTR); Devine, Percy (ACL);Pope Jackson, LaKesha (ACF);Teuscher, David (HHS/IEA);Turner, Mervin D. (HHS/OGC);Weaver,

Subject: Region 6 - Building Operations Services - October 26, 2017

Attachments: FOH-52 Client Screening Questionnaire and Acknowledgement Form for

Inactivated Injectable Influenza Vaccination 2017-18.pdf



#### Good Afternoon,

Thank you for taking the time to review and share this information with your Staff. If there are any questions or subsequent needs regarding this information, please do not hesitate to contact me at (214) 767-3206/(202) 826-4784 or via email at june.parnell@psc.hhs.gov or Pat Creswell at (214) 767-3221 or via e-mail at patricia.creswell@psc.hhs.gov.

#### **Veteran's Day Commemoration**

HHS and the Social Security Administration will be sponsoring a Veteran's Day Commemoration on Thursday, November 2nd at 10:00 a.m. in the 9th Floor meeting Annex at 1301 Young Street. Please save the date and plan to join us for this important celebration of veterans.

#### MORE INFORMATION

#### Learn More

Like you, PSC is a federal agency.



We know the regulations. We shorten processes. We make it easier. Learn how you can streamline operations and drive efficiencies. For more information, visit www.psc.gov.

Contact Us



As a part of this special event, we would like to know the names of all HHS and Social Security employees who have served or who are currently serving in the Armed Forces, Reserves, National Guard or Public Health Service.

If you have not provided this to us in previous years, we would also like to know some BRIEF information about you.

- 1) When and where did you serve?
- 2) What honors, awards or decorations did you earn?
- 3) Are you willing to share a picture of yourself from when you were in the service?

Please provide this information to Julia Lothrop (Julia.Lothrop@acf.hhs.gov) by Friday, October 27th.

To all of our veterans, thank you for your service and commitment to our nation. We owe each of you our deepest gratitude.

#### E-Recycling Event

E-recycling on all electronic personal property that no longer has any commercial value (printers, fax machines, CPU's, etc.) will be conducted on **Friday, November 3rd.** We will visit each of the offices that previously reported they have recyclables ready for removal. As a reminder, please be sure to remove any asset tags and to complete an HHS-22 for signature by the recycler. For more information on guidelines governing personal property, please go to <a href="mailto:assetweb@psc.hhs.gov">assetweb@psc.hhs.gov</a>. Please do not hesitate to contact me at 214-767-3206 should you have any questions.

# Daylight Savings Time Ends Sunday, November 5<sup>th</sup>



Daylight Savings Time ends at 2 am on Sunday,

November 5<sup>th</sup>. Please remember to "fall back" and set your clocks back one hour before you go to bed Saturday night.

### Flu Shots

Don't forget to get your flu shot. Flu shots are available in the Health

PSC Regional Support Team

Regional Account
Manager:
June Parnell
(214) 767-3206 Office
(206) Mobile
June.Parnell@psc.hhs.g

Administrative
Assistant:
Patricia Creswell
(214) 767-3221
Patricia.Creswell@psc.h
hs.gov

Regional Program Manager: Ann Unitas (571) 388-5688 Ann.Unitas@psc.hhs.go v

Regional Coordinator: Lori Rhodes (202) 868-9184 Lori.Rhodes@psc.hhs.go V

Service Director: Sid Ohri (202) 868-9909 Sid.Ohri@psc.hhs.gov



Clinic on Mondays and Wednesdays between 1:00 pm and 2:45 pm. Please be sure and bring your PIV badge with you.

Please have the attached FOH-52 form filled out prior to arrival. This will assist in minimizing waits and assist FOH in providing quick and safe service. Anyone with incomplete forms will be asked to return to the waiting area to complete before the vaccine will be administered.

Should you be unable to visit the clinic on the days/times specified, please contact the Health Clinic at 214-767-3286 and they will do their best to accommodate you.

| T | h | a  | n | ks. |
|---|---|----|---|-----|
| ш | ш | ıa |   | NS. |

June





U.S. Department of Health and Human Services

# Client Screening Questionnaire and Acknowledgement Form for Inactivated Injectable Influenza Vaccination

| Date of Birth:                                                                             |                                                            |                              |               |  |  |
|--------------------------------------------------------------------------------------------|------------------------------------------------------------|------------------------------|---------------|--|--|
| aire for<br>za Vacci                                                                       | natio                                                      | n                            |               |  |  |
| ns will help der<br>vaccine today<br>should not be<br>ing clinician to<br>ion is not clear | <ol> <li>If you are vaccinal</li> <li>verify me</li> </ol> | answer<br>ated. It<br>edical |               |  |  |
|                                                                                            | YES                                                        | NO                           | DON'T<br>KNOW |  |  |
|                                                                                            |                                                            |                              |               |  |  |
| the vaccine?                                                                               |                                                            |                              |               |  |  |
| Have you ever had a serious reaction to influenza vaccine in the past?                     |                                                            |                              |               |  |  |
|                                                                                            |                                                            |                              |               |  |  |
| Date:                                                                                      |                                                            |                              |               |  |  |
| linician's Signature: Date:                                                                |                                                            |                              |               |  |  |
|                                                                                            |                                                            |                              |               |  |  |



# **CLIENT ACKNOWLEDGEMENT FORM FOR 2017-18 INFLUENZA VACCINATION**

The CDC recommends annual flu vaccination as the first and most important step in protecting against influenza virus. By getting vaccinated, you are not only protecting yourself, you are protecting your family, friends and co-workers. This season the influenza vaccine will protect against H1N1 virus strain. Since seasonal influenza activity usually lasts from October to May, immunization may continue from August to April. The information you provide to complete this form indicates you understand the benefits and the risks of receiving the influenza vaccine, as indicated in the CDC's Vaccine Information Statement (VIS) and are requesting to be vaccinated.

**NOTE:** There is no recommendation for <u>pregnant women or people with pre-existing medical conditions</u> to seek special permission or secure written consent from their doctor for influenza vaccination if they are vaccinated at a worksite clinic, pharmacy, or other location outside of their physician's office. For more information, visit: **http://www.cdc.gov/flu/about/qa/misconceptions.htm** 

| Part 1: EMPLOYEE INFORMATION (Completed by client) |                  |                                           |             |                             |     |  |  |  |
|----------------------------------------------------|------------------|-------------------------------------------|-------------|-----------------------------|-----|--|--|--|
| NAME:                                              | Last             | t                                         | First       |                             | MI  |  |  |  |
|                                                    | L                | ast 4 digits of Social Security # XXX-XX- |             | Date of Birth (MM/DD/YYYY): |     |  |  |  |
|                                                    | Worksite Address |                                           |             |                             |     |  |  |  |
| Stre                                               | et _             |                                           |             |                             |     |  |  |  |
| Ci                                                 | ity _            |                                           | State       |                             | Zip |  |  |  |
| Agen                                               | су _             |                                           |             | Work Phone #                |     |  |  |  |
| Work em                                            | ail _            |                                           |             |                             |     |  |  |  |
| A                                                  |                  | Allergies (d                              | rug/food):  |                             |     |  |  |  |
|                                                    |                  | Medications I am currer                   | tly taking: |                             |     |  |  |  |
|                                                    |                  | Employee                                  | Signature:  |                             |     |  |  |  |

#### **PRIVACY ACT NOTICE**

The information obtained in completing this form is used to assist Federal Occupational Health in managing its responsibilities under one or more interagency agreements with your employing agency. Collection and use of this information is consistent with provisions of 5 USC 552a, 5 USC 7901, and Public Law 103-356.

This information will become part of your official Employee Medical File (if you have one), and will be used only for official purposes as published annually in the Federal Register under OPM/GOVT-10 (the OPM system of records). Participation in the FOH Influenza vaccination campaign is **voluntary**.

# PART 2: SEASONAL INFLUENZA VACCINE RECORD (Completed by clinician)

| FOH Occup                                                                                                                                             | ational Health Cente | r:            | QUADRIVALENT INFLUENZA VIRUS VACCINE:                                                                                                                                                                                                       |                    |       |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------|--|
| FOUHZ581301 Young St., Ste<br>13301Debhang Txt.75在02500: 214-767-<br>5治路, 所然73262767-8354<br>Ph: 214-767-3286, Fax: 214-767-8354<br>Clinician's Name: |                      |               | A/Singapore/GP1908 (H1N1) (an A/Michigan/45/2015 -like virus)  A/Singapore/GP2050/2015 (H3N2)  (an A/Hong Kong/4801/2014-like virus)  B/Utah/9/2014 (a B/Phuket/3073/2013-like virus)  B/Hong Kong/259/2010 (a B/Brisbane/60/08-like virus) |                    |       |  |
| Clinician's Title:                                                                                                                                    |                      |               | Manufacturer:                                                                                                                                                                                                                               |                    |       |  |
| Clinician's Signature:                                                                                                                                |                      |               | Expiration Date:                                                                                                                                                                                                                            |                    |       |  |
| Date:                                                                                                                                                 |                      |               | Vaccine Lot #:                                                                                                                                                                                                                              |                    | Dose: |  |
| IM Injection site                                                                                                                                     | Left                 | Deltoid       | CDC VIS Date:                                                                                                                                                                                                                               | <b>8//07/201</b> 5 |       |  |
| (check one):                                                                                                                                          | Righ                 | t Deltoid     | Date VIS Given:                                                                                                                                                                                                                             |                    |       |  |
| If we sain a mot six on                                                                                                                               | Cont                 | raindications |                                                                                                                                                                                                                                             |                    |       |  |
| If vaccine not given, provide reason why:                                                                                                             | Clier                | nt Refusal    |                                                                                                                                                                                                                                             |                    |       |  |
|                                                                                                                                                       | Othe                 | er (specify)  |                                                                                                                                                                                                                                             |                    |       |  |



 From:
 Boyle, Jennifer (HHS/OGC)

 Sent:
 26 Oct 2017 16:03:16 +0000

 To:
 OS - OGC WAR (OS/OGC)

Cc: Library, Law (HHS/OGC); Teuscher, David (HHS/IEA)

Subject: Region VI WAR for 10/26/2017 Attachments: Reg 6 10-26-17 WAR.docx

Please find the heading below in the attached WAR for Region VI. Thank you.

#### CENTERS FOR MEDICARE & MEDICAID SERVICES

ALJ Sickendick Remands and Dismisses Supplier Enrollment Case Citing New Issue for CMS's Consideration – Chaitanya Tummala, M.D., (Docket No. C-17-589) (dismissed, Oct. 19, 2017)

Thank you.

# Jennifer Boyle

Management Analyst

U.S. Department of Health and Human Services | Office of the General Counsel, Region VI

☐: 1301 Young St., Ste. 1138 | Dallas, Texas 75202 | ☐: (214) 767-3469 |
☐: ennifer.boyle@hhs.gov





**From:** Moore, Veronica (HHS/IEA) **Sent:** 1 Sep 2017 20:08:50 +0000

To: Harper, Stacy (HHS/OASH);Aikens-Waits, Regina (OS/OPHS);Waits,

Regina;Bogucki, Amy (HHS/OASH) (CTR);SherwoodFabre, Liese A (HHS/OASH);Jeffery, Shandrea M (HHS/OASH);Singleton, Ladonna (HHS/IEA);Gooden, Shelby (HHS/IEA);Girgenti, Angela (HHS/OASH)

Cc: Teuscher, David (HHS/IEA);Massoudi, Mehran (HHS/OASH);Lothrop, Julia

(HHS/IEA)

Subject: Texas HHSC Hurricane Harvey Frequently Asked Questions Update

Attachments: Hurricane+Harvey+Frequently+Asked+Questions\_REVISED\_20170831\_v7.pdf

**FYI** 

• Hurricane+Harvey+Frequently+Asked+Questions REVISED 20170831 v7.pdf

#### Veronica D. Moore

Intergovernmental Affairs, Region VI
Office of the Secretary
U.S. Department of Health and Human Services
1301 Young St
Suite 1124
Dallas, Texas 75202

Office: (214) 767-3270

Mobile: (b)(6)

veronica.moore@hhs.gov





**Charles Smith** 

**Executive Commissioner** 

# Hurricane Harvey Medicaid and Children's Health Insurance Program (CHIP) Frequently Asked Questions from Managed Care Organizations (MCOs)

August 31, 2017 REVISED

On August 25, 2017, Hurricane Harvey hit the Texas coast and caused significant damage and flooding in numerous counties forcing many to evacuate to temporary locations.

Texas Health and Human Services (HHS) is committed to sharing pertinent Hurricane Harvey information with you via a Frequently Asked Questions (FAQs) on a daily basis. This document will provide Medicaid and CHIP MCOs with the tools and resources needed to ensure the provision of services and supports to needy residents in Texas in the aftermath of this natural disaster.

Each business day, new and revised information contained in the FAQ document will be highlighted in yellow.

#### Federal Waivers and Modifications

1. Does the Health and Human Services Commission (HHSC) plan to apply for federal waivers as they have done for past natural disasters?

A: On Friday, August 25, 2017, Texas Health and Human Services (HHS) Executive Commissioner, Charles Smith, sent a letter to Secretary Price, requesting a waiver from certain provisions of the Social Security Act. CMS acted quickly, indicating it would waive various federal requirements, employing 1135 of the Social Security Act.

This authority waives or modifies various federal provisions, including health care provider participation, certification and licensing requirements (permitting those with out of state licenses to render services in Texas), while also providing relief from specific sanctions or penalties. The approved 1135 authority can be accessed here:

https://www.phe.gov/emergency/news/healthactions/section1135/Pages/harvey-26aug2017.aspx.

On Thursday, August 31, 2017, CMS issued further relief to the state under 1135 of the Act, offering needed flexibility pertaining to existing provider enrollment requirements, allowing Texas the ability to enroll providers by meeting a more limited set of minimum requirements.

HHS has also requested additional flexibility from CMS for individuals enrolled in the state's Children's Health Insurance Program (CHIP), including a waiver of enrollee co-payments and enrollment fees for a limited period of time.



HHS will continue to work with CMS to access needed allowances in order to ensure continuity of care for Medicaid enrollees over the course of the disaster event.

2. Governor Abbott has issued a disaster proclamation certifying that Hurricane Harvey posed a threat of imminent disaster, including severe flooding to 54 counties as of August 28, 2017. Will the federal waivers and modifications apply to the same geographical area? A: Federal waivers and modifications apply to the geographical area identified by the Federal Emergency Management Agency (FEMA). Those counties are periodically updated. The list can be accessed here: <a href="https://www.fema.gov/disaster/4332">https://www.fema.gov/disaster/4332</a>

# 3. Did CMS issue any blanket waivers under Sec. 1135 or 1812(f) of the Social Security Act so individual facilities do not need to apply?

A: Yes, CMS issued the following three blanket waivers:

- Skilled Nursing Facilities
  - 1812(f): This waiver of the requirement for a 3-day prior hospitalization for coverage of a skilled nursing facility stay provides temporary emergency coverage of Skilled Nursing Facility (SNF) services without a qualifying hospital stay, for those people who are evacuated, transferred, or otherwise dislocated as a result of the effect of Hurricane Harvey in the State of Texas in 2017. In addition, for certain beneficiaries who recently exhausted their SNF benefits, it authorizes renewed SNF coverage without first having to start a new benefit period. (Blanket waiver for all impacted facilities)
  - 483.20: This waiver provides relief to Skilled Nursing Facilities on the timeframe requirements for Minimum Data Set assessments and transmission. (Blanket waiver for all impacted facilities)
- Home Health Agencies
  - 484.20(c)(1): This waiver provides relief to Home Health Agencies on the timeframes related to OASIS Transmission. (Blanket waiver for all impacted agencies)
- Critical Access Hospitals
  - This action waives the requirements that Critical Access Hospitals limit the number of beds to 25, and that the length of stay be limited to 96 hours. (Blanket waiver for all impacted hospitals)

These temporary emergency policies would apply to the timeframes specified in the waiver(s) issued under section 1135 of the Act in connection with the effect of Hurricane Harvey in the State of Texas. CMS is reviewing additional waivers and will update the following page as decisions are made. <a href="https://www.cms.gov/About-CMS/Agency-Information/Emergency/Hurricanes.html">https://www.cms.gov/About-CMS/Agency-Information/Emergency/Hurricanes.html</a>

### 4. What resources are available for Texas residents on dialysis?

A: If a Texas resident is on dialysis and needs assistance finding a dialysis provider, they may call 1.866.407.ESRD for support. If a managed care plan needs assistance in finding a dialysis provider for a member, they can contact a member of Texas' End stage renal disease (ESRD) network directly:

Javoszia Sterling



JSterling@nw14.esrd.net

Mary Albin
Mary.Albin@alliantquality.org

Glenda Harbert

GHarbert@nw14esrd.net

#### Prescriptions

5. People often forget their medicines when they evacuate and need an early refill from a pharmacy. In most cases, pharmacists may not dispense more than a 72-hour supply of medication. Is there any way a prescription can be filled sooner?

A. Yes, HHSC implemented an emergency procedure for pharmacists to follow if a prescription rejects with an error code "79" ("Refill Too Soon"), but only for individuals the pharmacist identifies as affected by Hurricane Harvey. Pharmacy staff should use their professional judgement when filling prescriptions to ensure adherence to state and federal law. HHS guidance on how to fill a prescription earlier may be found here: <a href="https://www.txvendordrug.com/hurricane-harvey">https://www.txvendordrug.com/hurricane-harvey</a>

#### 6. May pharmacists refill Schedule II medications early?

A: Yes, in the event of an emergency, a practitioner may prescribe a controlled substance telephonically and follow up within 7 days with a written prescription. The pertinent citation is as follows:

Texas Controlled Substances Act Sec. 481.074. Prescriptions.

- (b) Except in an emergency as defined by rule of the board or as provided by Subsection (o) or Section 481.075(j) or (m), a person may not dispense or administer a controlled substance listed in Schedule II without a written prescription of a practitioner on an official prescription form or without an electronic prescription that meets the requirements of and is completed by the practitioner in accordance with Section 481.075. In an emergency, a person may dispense or administer a controlled substance listed in Schedule II on the oral or telephonically communicated prescription of a practitioner. The person who administers or dispenses the substance shall:
- (1) if the person is a prescribing practitioner or a pharmacist, promptly comply with Subsection (c); or
- (2) if the person is not a prescribing practitioner or a pharmacist, promptly write the oral or telephonically communicated prescription and include in the written record of the prescription the name, address, and Federal Drug Enforcement Administration number issued for prescribing a controlled substance in this state of the prescribing practitioner, all information required to be provided by a practitioner under Section 481.075(e)(1), and all information required to be provided by a dispensing pharmacist under Section 481.075(e)(2).
- (c) Not later than the seventh day after the date a prescribing practitioner authorizes an emergency oral or telephonically communicated prescription, the prescribing practitioner shall cause a written or electronic prescription, completed in the manner required by Section 481.075,



to be delivered to the dispensing pharmacist at the pharmacy where the prescription was dispensed. A written prescription may be delivered in person or by mail. The envelope of a prescription delivered by mail must be postmarked no later than the seventh day after the date the prescription was authorized. On receipt of a written prescription, the dispensing pharmacy shall file the transcription of the telephonically communicated prescription and the pharmacy copy and shall send information to the board as required by Section 481.075. On receipt of an electronic prescription, the pharmacist shall annotate the electronic prescription record with the original authorization and date of the emergency oral or telephonically communicated prescription.

# 7. How are Medicaid and CHIP members' refill requirements affected by the Governor's Disaster Declaration?

A: MCOs: Effective August 26, 2017, the Texas Department of Insurance released a Commissioner's Bulletin (# B-0014-17) requires MCOs to provide coverage for up to 90-day supplies of prescription drugs that would be denied or rejected due to an early refill limitation. This bulletin and other TDI guidance related to the Harvey Disaster Response may be found at this link.

Pharmacists: Currently, the Board and Texas Medicaid/CHIP are allowing pharmacies to dispense up to 30 days of a prescription drug, other than a Schedule II drug, in the case that an emergency refill is needed. Emergency refills are refills made without the authorization of the prescribing physician (e.g. no refills remaining on prescription). State law does not allow for more than 30 days to be dispensed without a physician's authorization. This notice and additional guidance from the Texas State Board of Pharmacy may be found at this link.

Pharmacists and MCOs are advised to monitor as much as possible guidance from the Texas State Board of Pharmacy, the Vendor Drug Program and the Texas Department of Insurance in case the above guidance should change or new guidance released.

#### 8. Can out of state pharmacies refill Texas Medicaid prescriptions?

A: MCOs: Yes, must implement ways in order to allow payment to these pharmacies. FFS: Yes, the current override process will allow non-enrolled out of state pharmacies to dispense drugs to clients. The claim will be pended in order for HHSC to enroll the pharmacy and set-up payment.

9. Will MCOs be able to submit pharmacy encounters for claims paid to out of state pharmacies?

A: HHSC is researching and will provide guidance in the near future.

### 10. What may a pharmacist do if a prescribed drug is out of stock?

A: Pharmacists must adhere to the Texas State Board of Pharmacy substitution rules. Generally, they may dispense a generically equivalent drug or interchangeable biological product if:

- (1) the generic drug or interchangeable biological product costs the patient less than the prescribed drug product;
- (2) the patient does not refuse the substitution; and



(3) the practitioner does not certify on the prescription form that a specific prescribed brand is medically necessary as specified in a dispensing directive described in subsection (c) of the Texas State Board of Pharmacy substitution rules.

#### **Nursing Facility Evacuations**

11. Numerous Medicaid beneficiaries have been evacuated and relocated to new nursing facility.

#### What are the evacuating facility responsibilities?

- A. During an evacuation, the evacuating facility retains responsibility for the care of their evacuated residents. As with past disasters, the evacuating facility will be responsible for payment to the accepting facility [or facilities] for the care of their residents. HHS recommends that evacuating facilities establish an agreement with the accepting facilities as soon as feasible regarding housing and care of evacuees, and for reimbursement of services the receiving facility provides to support the evacuee details.
- B. Monitor the care of their residents for the duration of the event, including the potential reevacuation of a resident.
- C. After residents have returned to the evacuating facility or have been discharged, the evacuating facility must complete all assessments in accordance with federal guidance.
- D. Bill the appropriate Medicaid managed care plan.
- E. After payment by the managed care plan, the evacuating facility must pay the accepting facility for their resident's care for the duration of his/her residency at the accepting facility, per the payment agreement.
- F. Be responsive to the member's managed care plan.

#### 12. What are the accepting facility responsibilities?

- A: Communicate regularly with the evacuating facility on the status of their residents.
- B. Maintain records, as required, about each resident to be sent when the resident returns to the evacuating facility.
- C. Work with the evacuating facility on an informal payment agreement.
- D. Support service delivery to residents as though they are your own, and in accordance with their indicated care plans that were provided by the evacuating facility.
- E. Be responsive to the member's managed care organization

#### 13. What are the managed care plan's responsibilities?

A. Track and monitor members that have been evacuated.



- B. Provide support to evacuating and accepting facilities, proactively, and as needed.
- C. The managed care plan service coordinator must work with the evacuating and receiving facility to continue to meet all responsibilities outlined in contract including: addressing identified needs, assisting the member in locating providers of add-on services, and referring for any necessary services.
- D. Pay the evacuating facility for the services rendered by the accepting facility; even if the accepting facility is out-of-network or a non-Medicaid provider. Be flexible and cooperative with providers so they receive prompt and proper payment for the care delivered by both facilities.
- E. Promptly reply to inquiries and complaints from facilities and members, or their representatives. Offer dedicated contact information or e-mail box, if necessary, to facilitate disaster-related communications, even outside of normal business hours.
- 14. If a nursing facility, assisted living facility, or adult foster care home evacuates its residents to a facility that is not in the network of its contracted Medicaid MCO, will the evacuating facility/home be paid the full rate?

A: Yes. At minimum, the MCO should pay the evacuating facility/home its full, contracted rate for the services rendered by the accepting facility/home; even if the accepting facility/home is out-of-network or a non-Medicaid provider.

- 15. Will the state reduce the number of forms required during the duration of the disaster?

  REVISED: Yes, the following forms are not required from either facility for the duration of this disaster:
  - Form 3618 Resident Transaction Notice;
  - Form 3619 Medicare/Skilled Nursing Facility Patient Transaction Notice; or
  - 483.20: The 1135 waiver provides relief to Skilled Nursing Facilities on the timeframe requirements for Minimum Data Set assessments and transmission. (Blanket waiver for all impacted facilities)
  - Visit the following CMS site for additional information and to download their "All Hazards" document:

https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/index.html

#### **Out-of-State Providers**

16. Are there special provisions for out-of-state providers assisting with disaster response?

A. Yes, for health care providers employed by a hospital and licensed and in good standing in another state to practice in Texas, the Office of the Governor in accordance with section 418.016 of the Texas Government Code, temporarily suspended all necessary statutes and rules to allow these providers to assist with the disaster response operations.



Hospitals must submit to the applicable licensing entity each out-of-state provider's name, provider type, state of license, and license identification number.

This suspension is in effect until terminated by the Office of the Governor or until the Tropical Depression Harvey disaster declaration is lifted or expires.

E-mail health care provider information (provider's name, provider type, state of license, and license identification number) to: <a href="mailto:TMBtransition@tmb.state.tx.us">TMBtransition@tmb.state.tx.us</a>

#### **Benefits**

17. Once the devastating floodwaters recede, there will be a substantial increase of mosquitoes in the affected areas of the state. Do Medicaid, CHIP and other state programs cover mosquito repellant products for the prevention of Zika virus?

A: Yes. Medicaid, CHIP, CHIP-Perinatal, Healthy Texas Women, Children with Special Health Care Needs (CSHCN) and the Family Planning Program cover mosquito repellent products for pregnant women of any age, women and girls ages 10-55, and men and boys 14 and older.

#### 18. What is the benefit?

A: The benefit began May 1, 2017 and ends on December 31, 2017. One can or bottle of mosquito repellent is permitted per pharmacy fill, with 1 refill allowed per month. Mosquito repellent won't count against the monthly 3-prescription limit for those clients with a monthly limit.

#### 19. How do clients get the repellent?

A: Many pharmacies can provide clients mosquito repellent without a prescription from their doctor. Clients should contact their pharmacy to make sure they are participating in this benefit.

If a pharmacy recommends getting a prescription or if the client is enrolled in CSHCN, they may contact their healthcare provider and ask them to send a prescription to the pharmacy.

Providers can send a prescription to their pharmacy via phone, fax, or e-prescription. If the client receives services from the Family Planning Program, and their healthcare provider offers this benefit, they can pick up mosquito repellent at a participating Family Planning Program clinic.

#### **Enrollment Process**

20. What are HHSC's plans for newly eligible beneficiaries that did not receive their New Enrollment Packet?

REVISED: The Enrollment Broker will contact these members and inform them who their health plan is and provide them an opportunity to change their plan.



Pregnant women and newborns will continue with the current process of being enrolled in managed care. The Enrollment Broker will contact these members and inform them who their health plan is and provide them an opportunity to change their plan.

#### **THSteps**

# 21. How should Texas Health Steps (THSteps) providers handle laboratory specimens that must be sent to the Department of State Health Services Laboratory for testing?

A: On August 25, 2017, the DSHS Laboratory issued the following guidance regarding specimen collection and handling in response to Hurricane Harvey.

- 1. Collect all specimens as usual.
- 2. Expect delays from courier and postal services for areas that will be impacted by the hurricane. Hold specimens until shipping and mailing services become available next week.
- 3. Store specimens to ensure they remain at the appropriate temperature until shipping/mailing.
- a. Freeze serum specimens after collection for glucose, cholesterol/HDL/lipid panel, and HIV/syphilis.
- b. Refrigerate whole blood specimens for lead and hemoglobin.
- 4. Anticipate loss of power and possible flooding. Prepare a backup storage method, especially for those specimens that require refrigeration and freezing.
- 5. Maintain specimens in a dry location, especially for newborn screening specimens.
- 6. Expect a possible backlog for courier and postal services when they resume.

Newborn screenings in response to Hurricane Harvey.

- 1. Collect and dry newborn screens within the appropriate time frames.
- 2. Ensure the parent/guardian contact information will be valid throughout any potential family/baby relocation.
- 3. Ship as soon as possible, preferably within 24 hours after collection.
- 4. Contact courier directly for service information for your area
- 5. If courier services are interrupted, store the specimens at room temperature in a dry location.
- 6. Do not put specimens in air-tight sealed containers.
- 7. Ensure that newborn screening results are known, documented, and discussed with the family/caregiver.
- 8. Facilitate repeat or confirmatory testing, appropriate subspecialty referral and timely intervention if necessary

Additional information is available on the DSHS Laboratory website: <a href="http://www.dshs.texas.gov/lab/default.shtm">http://www.dshs.texas.gov/lab/default.shtm</a>. Contact the DSHS Laboratory at 512-776-7318 or toll free at 888-963-7111, ext. 7318.



From: Karen Batory

Sent: 14 Sep 2017 15:20:06 +0000

To: Teuscher, David (HHS/IEA);Cole,Kirk (DSHS)

Cc: Margaret Mendez; Steve Levine

Subject: TMA Survey on Physician Experience with Hurricane Harvey
Attachments: TMA Preliminary Survey Report on Hurricane Harvey.docx

Dr Teuscher and Kirk: Wanted you to be aware of this survey we just completed (distributed late last week) on physician experience with Hurricane Harvey. May have some good info for you. I am going to the Conference now but if you need anything feel free to call my cell. Karen

Karen Batory, MPA
Vice President
Division of Population Health and Medical Education
Texas Medical Association
401 West 15th Street
Austin, Texas 78701

(b)(6)



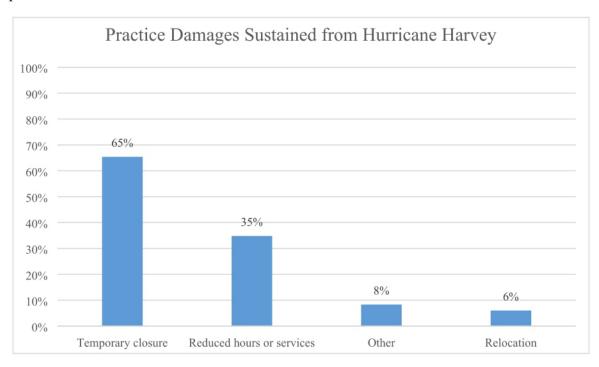


# **TMA Hurricane Harvey Survey**

In September of 2017, a survey was emailed to 13,696 Texas physicians, both members and nonmembers from counties listed by the Federal Emergency Management Association (FEMA) as affected by Hurricane Harvey. After four days, responses were received from 524 physicians with practices from the 39 counties designated by FEMA as official disaster areas. The following are highlights from the analysis.

# Practice Damages Sustained From Hurricane Harvey (Q1)

As a result of Hurricane Harvey, 65 percent of physicians temporarily closed their practice and 35 percent reduced their hours or services.



Other damages (8 percent) sustained by practices as a result of Hurricane Harvey included air conditioning and power outage, an increased volume of patients after absorbing those unable to visit other practices or hospitals, or fewer patient visits and staff as a result of temporary relocation or inability to safely travel.

- A/C out due to multiple power surges.
- Absorbing other hospitals patients.
- More patients to cover after closure of neighboring hospitals.



- Billing personnel evacuated and can't get back. [We] haven't been able to submit claims for two weeks.
- I was evacuated from my home and couldn't get to work even when building reopened.
- Limited staffing, patients not in town for follow up.
- Patients can't get to us due to flooding and road closures
- Staff shortage.
- Physician absence due to two partners with flooding.
- [I] will probably combine with another practice in the short term for two to thre weeks.
- Other Doctor off icing with us who had damage in his office.
- Damaged roofing shingles, employees not able to return to work, temporary interruption in water, power, internet, telephone lines.
- Fewer patient office visits---decreased income.
- I am a hospitalist. We were limited in the number of patients we could accept and the number of services/consults offered.
- Leaks on ceilings and mild flooding in reception area, nine inches flooding in my home.
- Loss hours to due evacuation only.
- Loss of phones.
- Phone system down.
- Lost all vaccines.

# Relocation in County or Zip Code (Q2-3)

Physicians who relocated their practice as a result of Hurricane Harvey are practicing in the same county, but more than a quarter (26 percent) are practicing in a different zip code.

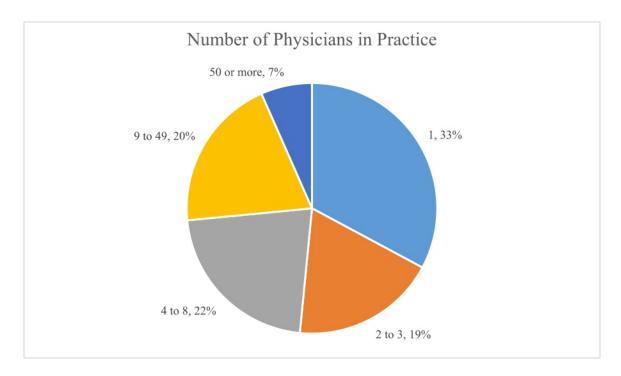
## Resume Services (Q4)

Among physicians whose practices experienced reduced hours, services, temporarily closed, or relocated, they estimated it will take them an average of four weeks to return to practice or resume full schedule with some physicians reporting they don't know or may never return to practice.

#### Practice Size (Q5)

Physicians were asked the number of physicians in their practice. On average, physicians are in practices with a median of three physicians. Thirty-three percent are in solo practices and 19 percent are in a practice with two to three physicians.





# Additional Comments (Q7)

Physicians were asked if there was anything else they would like to share. Their comments are as follows:

# Temporary Relocation, Reduction of Staff, and Significant Financial Loss

- Is there a way to PLEASE get the insurance companies to work with all of us and understand that billing and appeals may take longer than usual as we work with a reduced number of staff (including our billing and coding staff), we try to put our offices back together and we attempt to retrieve lost information all while taking care of our patients (not to mention our own personal losses).
- I am part of a large group practice with multiple office locations. The two offices that I work in were closed for three days during the storm but reopened with full hours. However, one of our offices did sustain extensive flooding and is closed. Patients are being seen temporarily at another office location.
- I work for Kelsey-Seybold Clinic. There are two clinics that had to relocate until they can be repaired.
- [My] office was flooded to waist level in Port Arthur, total damage to equipment, furniture, patient beds and all medical supplies. I have to relocate to different office in Nederland, TX.
- We had to gut our office. We lost all of our equipment including 4D Ultrasound, Colposcope, Her Option, electric exam tables, chairs, computers, server, disposables, everything.... We are relocating, but having to pay 4K a month for a new rental at the hospital professional building, all the while we own our other location that has been devastated. We have flood insurance, but the max for personally is 150K. How do we start over with a limited amount of time to recoup? Also we are carrying salaries for six staff members that have all been devastated too. Thinking hard about quitting the



- practice of medicine, but that would leave our area vastly under served for obstetrical services. What to do?
- Most patients evacuated. Expenses continue yet last two days saw only two and five patients. I do not wish to retire but now may have to and just close the practice.
- Completely destroyed my practice and home. Our insurance made zero note of flood exclusion and we have discovered that \$500k+ in equipment, plus all of our furniture, has no coverage.
- What help: financial, compensation, tax relief or others can be offered to solo practices like mine?
- My house was destroyed by Harvey. I could not make it to the office due to roads closed from flooding. I have practice interruption insurance but they won't cover me because my office wasn't damaged.
- My employees are applying to TWC for loss of wages. I hope and it should not affect my tax rate? As if am employed by the corporation, am I eligible to receive disaster unemployment benefits? Affected the revenue for the practice and hence payments for the staff, rent of the practice and other expenses.
- Many physicians in my area were out at least one week, some two, and some still out.
- We've had to take on start-up costs for the temporary location of our practice as our building undergoes construction, resulting in decreased physician wages.
- We had a lot of cancelled procedures due to the hurricane. We live in Corpus Christi and we have many patients from Rockport and Port Aransas that was hit hard by the storm.
- We have four offices, office in Aransas Pass is closed at this time for last two weeks due to structural damage and it will be another eight to 12 weeks before it may be reopened or longer. The office in Sinton and Corpus Christi sustained water damage and roofs are being repaired. We had to store our medical records and medical equipment which did not sustain damage in storage. We still have the two employee salaries from Aransas Pass and expenses without income from that office. We lost our private vaccines which were store at Aransas Care regional medical center hospital which sustained severe damage and the hospital is closed now.

# Physician, Staff, or Other Support Interruption

- [I'm] hearing office got damage and water and charts destroyed.
- I work in Lake Charles at FQHC. Clinic has since reopened but I'm unable to safely travel to work due to water on roads, curfews, gas shortage.
- Because we were not under mandatory evacuation, and the building only had minor damage, it is questionable if the business interruption insurance will be triggered to cover the week we were closed. Not anything I am asking for help, just the difficulties of deciding whether to pay employees or not.
- E prescribing was erratic and pharmacies closed.
- Employees unable to come due to flooding. Temporary power interruption.
- Mostly access and employee access issue.
- Office open but will suffer economic injury due to decreased demand.
- Working in MDACC ER and flood gates went up. Reduced ride out staff. Many of our staff still impacted.



- We could not get to the office until Thursday, 9/31/17 due to flooding in Cypress and a lot of our staff could not get to the office. It is taking some of our staff up to three hours to get home due to road closures. Some water damage due to roof leaking but we are working around it. I and another family physician had power and internet within hours of the hurricane so we were able to refill meds but some of the pharmacies flooded and some lost e-prescribing.
- We have leaks in the office roof and home. Electrical surges damaged the equipment. Staff relocated or flooded out.

# Loss of Medical Equipment and Supplies

- My office was totally destroyed when the roof went and flooded everything. Ruined five computers, one server, patient charts, all furniture. [I] have to start over after 28 years here...
- Although the medical office did not sustain damage, personal property damage has pulled many physicians from providing patient care. A number of physicians also left their practice to provide donated services to shelters as uncompensated care. This is also a financial burden to the independents. Many of our staff have suffered losses and have had limited work hours which has decreased the volume of patients seen per day. Some have lost power for a week and lost vaccinations, medications and test agents which is not covered by insurance. The building integrity is only 1 part, the professional service and consumables are the parts that are direct costs that most will not be able to recoup.
- I buy and bill many expensive drugs for my rheumatology practice. I am a memorial city affiliated doctor and the hospital system would not allow me to use pharmacy resources to allow me to park my medicines in the refrigerator to safe keep throughout the storm. When Spring Branch hospital was still in business this was never a question. I am very disappointed in the system and need some options as to what to do with refrigerated meds in these situations.
- Loss of power, partial loss of refrigerators/freezers/general cleanup/staff whose homes got flooded. Slight amount of water in the clinic.
- Need to restart from scratch, lost most of furniture and supplies, printer.
- Several roof leaks that need to be fixed.
- We just haven't had phone lines.

#### **Loss of Patients**

- Brand new practice saw first patients the week before the hurricane. We have had only a couple of calls to book consultations since the hurricane. My only staff member has been retained for now. Hurricane timing was unhelpful for a new business startup.
- The persistent water from constant reservoir releases is affecting us by flooding our families and preventing traffic from arriving to our office.
- The biggest problem at first was a way to get to the office and pharmacy openings now people won't have the money to see us until they recover.
- I think that people will not be seeing me for a while due to decreased income.
- Our office was not affected but road closures prevented physicians and patients from providing/accessing care.



- I'm in the anesthesia group in Beaumont. I expect a reduction in the volume of elective surgery lasting several months as our patients get their lives back together.
- If a third of the people who lost their homes and evacuated don't return to the area, the recovery will take years. If they do return, it will likely take several months.
- No damage to the office, but bad traffic prevents patients to come to clinic.
- We've had many cancellations and missed appointments. Not only from patient's circumstances but the increased traffic that has made patients either very late or miss their appointments entirely.
- Our number of patients has significantly reduced in one of our satellite clinics due to a lot of families displaced or relocated due to devastation/property damages from Harvey.
- Patients are cancelling or postponing services.
- Today is the first day we have had water since Harvey hit. [Our] office has been closed from 8/28 until today 9/11. [We] only have three patients to see today. [It] will be months until it gets back to normal.
- We are getting back to our usual practice still having issues with patients able to get to office.
- We were back to seeing patients on 09/13/17. The main problem we had was patients were unable to keep appointments because of the heavy flooding.

# Loss of Physician Personal Income, Housing, and Personal Items

- Dealing with Insurance, FEMA, contractors, etc. is time consuming and can only be done during office hours. I'm trying to get colleagues to cover but I can ill afford and loss of income to pay locums. Since our losses were so great (losing all vehicles and my home of 30 years) it's difficult but I'm trying to juggle 30 balls in the air at once. If I could get a young FP to join me as the heir apparent that would be a dream come true. Until then a doc to help 2 days a week would be good.
- Devastating. I lost my house and car.
- Been living in office. Challenging. Mail is way behind.
- I'm sure other physicians are in my same situation. With the flooded home I also lost all my clothing as well as my family.
- We have had to move out of our home, rent a storage unit, and rent an apartment while our home is being fixed.
- Thank you for the e mail. I work for UTMB. We were able to restart clinic on Sept1. My house flooded and so I have not returned to work.
- The practice was not impacted as much as myself. My home was flooded so I am back to work, but living in a friend's trailer and dealing with fixing up our home.

#### Ideas for TMA

• I hear of local cities still without power or medical care, receiving urgent requests for basic medical supplies such as eye exam trays, bandages, sutures, sterile water, IV kits, IV fluids, etc. Specifically Port Aransas requested these things yesterday. Unable to locate these things as our local hospital has already sent what they can spare. A plane of supplies is due here today and maybe they have some of these things. [I'm] unsure if any state agencies are aware of this. [There is] lots of damage to surrounding communities



- that will take months to repair and seeing a spike in hospital admissions from hurricane related events. Any help for Port Aransas and other communities would be greatly appreciated. We are in Port Lavaca where damage was not as bad as other nearby places.
- TMA could provide information on business interruption insurance (I forgot I had it), how to rescue water logged paper medical records, and water damaged EHR computer prescription, perhaps provide links to services available in big cities. Help with GE tying insures to waive some hassles involved with documentation, timely filing of claims, etc. during disasters.
- Deal with preauthorization by MCO and limitation of specialist especially mental health.
- The number one thing that TMA can help doctors deal with is the incredible burden of "Prior Authorization."
- Need help with providing medications to displaced persons longer term than one month, to keep them well controlled and reduce unhealthy outcomes.
- We had issues with Surescripts deactivating pharmacies that were still active (or possibly returned to active prior to them reactivating them). This led to more work. If others were negatively affected, I would like for TMA to take this to Surescripts.
- There is confusion on what would be covered and would not be covered in the event of flood between my various insurance policies even though I have the impression that I have good insurance policies. It almost seems like no one covers for flood damage when it comes to business interruption or rebuilding the office except FEMA and that is limited also.
- I was not able to do emergency surgery because senior surgeon was afraid to call staff in. He was unaware that there was an in-house team to perform the surgery. A full complement of surgeons, RN's, and anesthesiologists should be in house to provide care during any emergency. A so-called ride-out team.
- I took in house call for 72 hours. I am happy to do my part as a physician. We are not martyrs, but just people doing our jobs like so many others. I do not think it was right to keep me separated from my family however. They should have been allowed to stay with me in the hospital while I served. I believe too many patients were in house and should have been transferred inland in advance of the storm. Backup power systems failed miserably. There was a lot of misinformation from media and public officials regarding deaths and casualties which were false and created excessive and unnecessary stress. As a conservative, I do not appreciate TMA turning to the government for financial support.
- I would like more info on any efforts to form a formal Disaster Relief Medical Corps.
- In major catastrophe, such as hurricane it would be helpful if TMA educates/engages major medical institutes/directors to ensure patient and staff safety. Some of our colleagues were under pressure to see patients till 5pm and staff were expected to clock full day's work. After the event, there seems to be very little interest to change the current practice.
- Infrastructure problems have been a problem with allowing patients to communicate. Our phone lines have been totally messed up. The patients have had a hard time reaching the clinic since the phone lines have been down to about 50 customers in the area. Tree



- should be a way for there to be a message placed on the phone that it is out of order and to call an emergency line (my cell phone). Frontier is my carrier.
- Citizens Medical Center in Victoria, TX under Medical Direction of Dr. Daniel Cano did a great job at managing resources and patient care during our hospital's evacuation and repopulation of its patients. Could TMA put together some sort of recognition or Medical Directors like him and others who answered the call during these trying times?
- We are very much open to seeing patients who do not have any coverage, have Medicare, Medicaid, or private insurance. We are here to serve anyone who needs medical help. Please let everyone know this and send them our way.

# **Physician Stories**

- I had to shut down because of the impending hurricane. After the hurricane about half my employees and patients could not get to my office. Then my house was placed on mandatory evacuation due to potential flooding. Fortunately neither my office nor home were damaged.
- I am self-employed and was scheduled to work in Houston for the four days I was unable to leave Beaumont. We were blocked in by flood waters over all the exits from the city. We do not have potable water at this time--but grateful to have sewer back up and running--it was out for two days--some people still do not have power or water due to the flooding. Many stores are still closed and those open are running at reduced hours. I hear helicopters overhead from 6 in the morning until 8 at night.
- I am at a Free Standing ER in Cypress (First Choice). Our community was impacted with flooding. We were able to stay open with two full complements of staff in-house rotating shifts. It proves the value of a decentralized model of emergency medicine. Our sister facilities remained open with one ER physician taking a boat into work and another riding his bike through water for 2 miles to get to his facility.
- I am with UTMB. We had to manage regular hours of service as well as urgent and emergent care, three hospitals. For the most part, we were closed for ambulatory operations from Friday thru the following Wednesday thought urgent cares at some locations were open by Wednesday evening.
- We are a free-standing ER in Victoria, TX and was the first medical facility to reopen after Hurricane Harvey. When ALL hospitals were still closed, we were open and serving the community of Victoria. We strongly encourage TMA to lobby Austin lawmakers' to repeal all laws restricting our operations and threatening the thousands of good, full-time jobs we provide to the Texas economy.
- We are a hospital based ER practice. Due to local flooding and road conditions making it unsafe to transfer patients, we closed four FSED sites for three days. Once roads were passable we reopened the facilities. But we had three to four days with no patients and hence lost revenue.
- We did better than most, but still affected through the patients. Spent most of my off time taking food and supplies to the patients as well as evacuating them to safety.
- We paid all our staff during this difficult time despite being closed.



#### Discussion

A significant portion of physicians are still unable to practice due to damages sustained by Hurricane Harvey, either to their medical office or to their personal homes, affecting their ability to work. Moreover, temporary relocation of staff is leading to shortages affecting their normal business operations. Insurers should continue to work with these businesses and suspend billing rules for a minimum of one month, which is the time many of these practices estimated it will take them to resume normal operations.

